



<b>First name:</b>		<b>Last Name:</b>	
<b>Placement:</b>		<b>Term:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer <b>20</b> _____	
<b>Date:</b>	<b>Start Time:</b>	<b>End Time:</b>	<b>Length:</b> _____ minutes

	Missing/ Needs Work	Satisfactory	Good	Excellent	Comments/ Suggestions
<b>INTRODUCTION:</b>					Required to Repeat Presentation? Yes <input type="checkbox"/> No <input type="checkbox"/>
Established rapport with audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Effectively introduced topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outlined presentation agenda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>BODY:</b>					
Information concisely communicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Addressed all suggested topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Easy to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Main points supported with examples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STAR Interview Answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CONCLUSION:</b>					
Effectively summarized message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>DELIVERY TECHNIQUES:</b>					
Professional appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Posture and eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Volume, articulation, and rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>VISUAL AIDS:</b>					
Well organized and effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aligned with verbal presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>QUESTION PERIOD:</b>					
Answer to Facilitator Question # 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Answer to Peer Question(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TIME MANAGEMENT:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>LEVEL OF PREPARATION:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OVERALL EVALUATION:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Additional Comments/Suggestions:**

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\_\_\_\_\_  
\_\_\_\_\_  
**Facilitator Signature:**

The information on this form is being collected in accordance with the University of Windsor Act of 1962. The personal information collected herein will be used for the purpose of assessing your progress towards established learning outcomes of the Volunteer Internship Program. If you have any questions about the collection of this personal information, please contact Applied Learning Coordinator, either by telephone at (519) 253-3000 ext. 3893, by email at vip@uwindsor.ca or by mail to University of Windsor, Career Development & Experiential Learning, 401 Sunset Avenue, Suite 100 Joyce Entrepreneurship Centre, Windsor, Ontario, N9B 3P4.