

## Feedback Form

- 1) Presenter's Name:
- 2) Rating (out of 10)
  - a. How do you rate the speaking ability of the presenter? \_\_\_\_\_
  - b. How do you rate the quality of the slides? \_\_\_\_\_
  - c. How well the necessary background is covered? \_\_\_\_\_
  - d. How well the presenter handled the questions? \_\_\_\_\_
  - e. How do you rate the **overall** presentation? \_\_\_\_\_
  - f. At the end of the presentation, what is **your** level of understanding of the presented material? \_\_\_\_\_
- 3) Please provide detailed feedback (use the back of the page, if required). Please provide constructive comments. At least write 5 (*five*) positive or negative points.

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