

Assessor's Name: \_\_\_\_\_

### Fall Design Review Presentation

Team Name: \_\_\_\_\_

#### Technical Content

- 1 . Summarized motivation and scope of design
- 2 . Presented Cycle 2 Objectives
- 3 . Thoroughly addressed meeting of Objectives
- 4 . Quality of demonstration (if any)

Not  
Acceptable      Average      Excellent

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

#### Visuals or Slide Design

- 1 . Visual appeal of slides
- 2 . Quality of graphs, figures and tables
- 3 . Clear, concise supporting text

Not  
Acceptable      Average      Excellent

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

#### Organization of Presentation

- 1 . Appropriate tone for audience
- 2 . Time management
- 3 . Organization of content
- 5 . Finished with a convincing conclusion

Not  
Acceptable      Average      Excellent

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

#### Oral Presentation Quality

- 1 . Team's confidence and enthusiasm
- 2 . Team's control of Q&A and quality of responses
- 3 . Presentation length
- 4 . Sharing of presentation among team members
- 5 . Preparedness of team

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

#### Individual Assessment (score 1-5 as above)

Note with an X areas that should be improved

Name: \_\_\_\_\_

Presentation  
Score:  
(1-5 as  
above)

1 .	_____	_____
2 .	_____	_____
3 .	_____	_____
4 .	_____	_____
5 .	_____	_____

Preparat Eye Con Voice Q Body La Questions


Comments: \_\_\_\_\_

\_\_\_\_\_

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