

Presentation Feedback form:

Project Name : _____

Meeting Location : _____

Meeting Date : _____ **Start time:** _____ **End Time:** _____

Client Name : _____ **Signature:** _____

Instructions:

Please complete this evaluation for the presentation of the group

Give a rating from 1(lowest) to 9(highest) for each of the questions/ items for evaluation listed below.

Ratings: Below Avg. 1, 2, 3 Satisfactory 4, 5, 6 Excellent 7, 8, 9

The team members started the presentation at the designated time:

Rating: _____

Comments: _____

The team members came prepared for the presentation. (Set up time was less than ten minutes)

Rating: _____

Comments: _____

The presentation was clear and to the point.

Rating: _____

Comments: _____

The students were able to meet the requirements of the client.

Rating: _____

Comments: _____

The students were able to answer the questions of the client in a satisfactory manner.

Rating: _____

Comments: _____

Overall Comments on the student's presentation:
