

Colloquium Feedback Form

Name of presenter: _____

Name of evaluator (optional): _____

Areas for Feedback		Excellent	Good	Needs Improvement	Comments
Introduction	- Arouses Interest	x	x	x	
	- Makes purpose clear	x	x	x	
	- Gives background information	x	x	x	
Development and Organization	- Main points stated clearly	x	x	x	
	- Well structured	x	x	x	
	- Transitions effectively	x	x	x	
	- Audio Visual	x	x	x	
Conclusion	- Emphasize main points	x	x	x	
	- Response to Questions	x	x	x	
Delivery	- Eye contact	x	x	x	
	- Relaxed, natural manner	x	x	x	
	- Uses good posture	x	x	x	
	- Voice clear and loud enough	x	x	x	
	- Pace and timing	x	x	x	
	- Gestures	x	x	x	
	- Well groomed, appropriate dress	x	x	x	