



### Student EIP Initiative Presentation Staff Sign In Sheet

**Presentation Title:**

**Student(s) Name:**

**Date:**

Name	Profession/Discipline	Program/Team



## Student Presentation Evaluation Form

**Presentation Title:**

**Date:**

**Student Facilitator:**

**My Profession:**

**Learning Objectives:**

### Participant Evaluation:

#### 1. Content

a. Relevance to my professional role:

1	2	3	4	5
Little		Average		All
Relevance		Relevance		Relevant

b. Applicability to my clinical practice:

1	2	3	4	5
Poor		Average		Excellent

#### 2. Presentation

a. Level

1	2	3	4	5
Too		Just		Too
Elementary		Right		Sophisticated

b. Quality

1	2	3	4	5
Below		Average		Above
Average				Average

c. Met stated learning objective(s)

1	2	3	4	5
Poor		Average		Excellent

d. Effective use of teaching tools (e.g. PowerPoint, etc.)

1	2	3	4	5
Poor		Average		Excellent



## Student Presentation Evaluation Form

e. Effectiveness of activities/discussion

1	2	3	4	5
Poor		Average		Excellent

f. Overall Rating of Presentation

1	2	3	4	5
Poor		Average		Excellent

The most effective thing about this session was:

The session could be improved by:

How will this learning change your practice?

Other comments: