

# Presentation Video Evaluation Sheet

Name of the presenter:

Date:

Details:

Evaluate the presentation based on the parameters indicated below. Provide rating to indicate the extent to which each of the parameters is followed. Rating of **5** indicates 'Clear demonstration of the parameter' and **1** indicates that 'Parameter was ignored'.

No.	Details	Low					High
	<b>Presentation structure</b>						
<b>1</b>	Story flow	1	2	3	4	5	
<b>2</b>	Message clarity in slides	1	2	3	4	5	
<b>3</b>	Visual representation of ideas	1	2	3	4	5	
	<b>Method of delivery</b>						
<b>4</b>	Effective opening	1	2	3	4	5	
<b>5</b>	Audience engagement	1	2	3	4	5	
<b>6</b>	Verbal transition between slides	1	2	3	4	5	
	<b>Style of delivery</b>						
<b>7</b>	Eye contact	1	2	3	4	5	
<b>8</b>	Voice clarity	1	2	3	4	5	
<b>9</b>	Hand gestures	1	2	3	4	5	
<b>10</b>	Movement	1	2	3	4	5	

Total score: \_\_\_\_\_/50

Please mention the top 2 areas of strength of the presenter. Please provide specific feedback with your reasons. (Please write in capitals to ensure legibility)

## 2 Areas of Strength:

Name of the evaluator:

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