# Speaker Evaluation Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speaker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Presentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Part I. Content & Presentation Quality

Please rate each item on a 5-point scale: (1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent)

The speaker’s knowledge of the subject matter
□ 1 □ 2 □ 3 □ 4 □ 5

The clarity and organization of the presentation
□ 1 □ 2 □ 3 □ 4 □ 5

The relevance of the topic to your clinical/academic practice
□ 1 □ 2 □ 3 □ 4 □ 5

The speaker’s ability to engage and maintain audience interest
□ 1 □ 2 □ 3 □ 4 □ 5

The use of visuals/teaching aids (slides, handouts, cases)
□ 1 □ 2 □ 3 □ 4 □ 5

The speaker’s response to questions and discussion
□ 1 □ 2 □ 3 □ 4 □ 5

## Part II. Educational Impact

I gained new knowledge or skills from this presentation.
□ Strongly Disagree □ Disagree □ Neutral □ Agree □ Strongly Agree

This session will impact my clinical/research/educational practice.
□ Strongly Disagree □ Disagree □ Neutral □ Agree □ Strongly Agree

The content was presented without commercial bias or conflict of interest.
□ Yes □ No

## Part III. Open Feedback

What aspects of the presentation were most valuable?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What could be improved for future presentations?

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Suggested topics or speakers for future Grand Rounds:
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## Part IV. Overall Evaluation

Overall quality of this Grand Rounds session:

□ Poor □ Fair □ Good □ Very Good □ Excellent