

Department of Horticulture SEMINAR EVALUATION FORM

To be completed by speaker

Speaker Name:

Degree: _____ M.S. _____ Ph.D.

Seminar Topic:

Seminar: _____ 1st _____ 2nd _____ 3rd

Advisor:

Date:

To be completed by reviewer

Classification (check all that apply):

_____ Faculty _____ Staff _____ Grad Student _____ Undergrad Student _____ Other

Please rate using the scale 1= unacceptable, 2 = poor, 3 = fair, 4 = good, 5 = excellent.

1. Content

Thoroughness of research	1	2	3	4	5
Literature review	1	2	3	4	5
Organization	1	2	3	4	5

2. Visual Aids

Appropriateness	1	2	3	4	5
Quality	1	2	3	4	5
Creativeness	1	2	3	4	5

3. Presentation

Knowledge of subject	1	2	3	4	5
Delivery manner	1	2	3	4	5
Ability to keep within time constraints	1	2	3	4	5
Ability to answer questions	1	2	3	4	5

4. Overall Presentation

1	2	3	4	5
---	---	---	---	---

Additional comments, concerns, or suggestions for the speaker to help improve their presentation skills or seminar content. PLEASE INCLUDE AT LEAST ONE CONSTRUCTIVE CRITICISM.