Department of Horticulture
SEMINAR EVALUATION FORM

To be completed by speaker
Speaker Name:
Degree: _____M.S._____Ph.D.

Seminar Topic:
Seminar: _____1\textsuperscript{st} _____2\textsuperscript{nd} _____3\textsuperscript{rd}
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
   Literature review
   Organization

2. Visual Aids
   Appropriateness
   Quality
   Creativeness

3. Presentation
   Knowledge of subject
   Delivery manner
   Ability to keep within time constraints
   Ability to answer questions

4. Overall Presentation

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