



Group Presentation Evaluation Form

Name and student ID number:

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

Name of Group Presenting: _____

<u>Criteria</u>	Score (10=Best, 1=Worst)
1. Creativity/ Originality	_____
2. Presentation Flow	_____
3. Fluency	_____
4. Time management	_____
5. Grooming	_____
6. Teamwork	_____
7. PowerPoint	_____
8. Q & A	_____
TOTAL	_____