



PRESENTATION EVALUATION FORM

Project Name \_\_\_\_\_

Group Number \_\_\_\_\_ Semester \_\_\_\_\_

**Introduction**

- Purpose and Scope

Poor 

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

 Excellent

**Problem Statement**

- Relevance

Not Relevant 

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

 Highly Relevant

**Objectives**

- Well-defined and understandable?
- Aligned with the problem statement?

Poor 

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

 Excellent

Un clear 

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

 Very clear

**Methodology**

Poor 

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

 Excellent

**Design and Implementation**

- Understanding
- Technical Competence acquired
- Innovative

Poor 

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

 Excellent

Disagree 

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

 Agree

Not Innovative 

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

 Highly Innovative

**Results**

- Data and findings logical
- Visually engaging

Disagree 

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

 Agree

Poor 

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

 Excellent

**Conclusion**

- Ties together key points

Not Conclusive 

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

 Highly Conclusive

**Overall Assessment**

- Time Management
- Verbal and Non-verbal communication

Poor 

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

 Excellent

Poor 

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

 Excellent

Rate overall presentation out of 10

- Should any student be graded differently? If yes, please enter details:  
Roll No. \_\_\_\_\_ Marks \_\_\_\_\_

**Any Additional Comments**

Date:

Signature of Faculty