

# Illinois Pharmacy Resident Conference – Presenter Evaluation Form

**Presenter Institution Name:** \_\_\_\_\_

Presenter Name	First Name:	Last Name:
Topic/Title		
Evaluator	First Name:	Last Name:
Evaluator Role	<input type="checkbox"/> PGY1 Resident <input type="checkbox"/> PGY2 Resident	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Other: _____

	1 – Strongly Disagree	2 – Moderately Disagree	3 – Slightly Disagree	4 – Slightly Agree	5 – Moderately Agree	6 – Strongly Agree
Demonstrates an in-depth knowledge of the subject matter (comprehensiveness, addresses key issues, includes findings of major clinical trials, explains concepts completely).						
Interprets and evaluates data appropriately (states the relevance and limitations of data, explains conflicting information).						
Formulates appropriate conclusions (includes how this information should be used in clinical practice).						
Presents information in a logical and understandable sequence, clearly emphasizes points of discussion, clearly explains figures and tables and makes smooth transitions.						
Answers questions effectively by clarifying the nature of the question (if needed), formulating an appropriate response and providing supporting evidence/data.						
Orally presents information in an effective and efficient manner by speaking clearly, explaining concepts using appropriate terminology and using appropriate gestures/non-verbal communication.						
Produced professional quality printed and/or visual aid material that enhances the presentation.						
Overall, this session was relevant to my practice and met my education needs.						
Additional Comments						