Evaluation of Medical Student Presentation
GYN/OB Medical Student Clerkship

Student Name*: ____________________________
Title of Talk: ____________________________

Area to be Evaluated: Unsatisfactory Good Excellent
1 2 3 4 5
Presentation reflects up-to-date research
Concise/Clear Points
Slides or handouts enhance the presentation and help illustrate points being made (optional)
Effective justification of message using data
Presented in a clear and interesting fashion/maintained audience interest

Comments:
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Evaluator**: ____________________________

*Note to Student: Please ask faculty member or chief resident who is present for your presentation to complete this form.

**Note to Evaluator: Please fax to Rebecca Slattery at 410-502-3105