Peer Evaluation

Name: _________________________________

Presenter 1: ___________________________ Date: _______________________

Presenter 2: ___________________________

Please rate in a scale of 1 (lowest) — 5 (highest).

Technical Content:

____  Do they achieve the presentation goal?  ____  Is their motivation convincing?

____  Do they explain the concepts well?  ____  Do they have convincing experiments?

____  Is their commentary insightful?  ____  Overall Technical Score

Presentation Skills:

____  Do they speak clearly?  ____  Do they have eye contact?

____  Do they use legible fonts and color?  ____  Is their presentation fluent?

____  Do they have redundant content?  ____  Overall Presentation Score

Please write additional comments below, if any.