

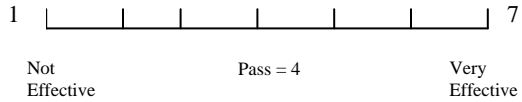
# Clinical Clerks Projects Feedback & Assessment Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Please use a seven-point scale to rate each component



Component	Score 1-7	Comments
Well prepared		
Well organized – based on 2-3 take-home messages		
Objectives are clear and appropriate		
Effective eye contact, facial expression & appropriate gestures		
If questions were used, there was adequate response time		
Appropriate pace		
Speaks clearly with adequate volume & variety of pitch		
Not overly dependent on notes or cue cards		
Slides are clear and contain only information that is needed		
Based on a review of appropriate literature		
Avoided distracting mannerisms e.g. “umm” or playing with a pen etc.		
Time for questions		
Effective wrap-up		
Additional comments and suggestions:		
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