

POSTER PRESENTATION EVALUATION

Student Name _____

Reviewer Name _____

POSTER REQUIRED CRITERIA:

_____	_____	Names of Student, Practicum Site Mentor (Preceptor) and Institution/Organization
yes	no	
_____	_____	Statement of the Practice Site Mission
yes	no	
_____	_____	Identification of Practice Site Funding Source
yes	no	

	Disagree	Neutral	Agree
Poster was well organized.	1	2	3
Poster was easy to read, including graphics.	1	2	3
Poster heading was informative.	1	2	3
Sufficient background information was provided.	1	2	3
Project goal or problem was clearly stated.	1	2	3
Project activities were clearly stated.	1	2	3
Project outcomes, recommendations and conclusions were appropriate.	1	2	3
Poster illustrated competencies addressed.	1	2	3
Student responded appropriately to questions about the project.	1	2	3

Comments:
