

Neurosciences Grand Rounds Evaluation Form

Presenter: _____ Date: _____
Topic: _____

Please evaluate each area using the following scale:

1= Excellent; 2 = Good; 3 = Fair; 4 = Poor

1. Appropriateness of topic for Neurology Grand Rounds _____
2. Apparent expertise of presenter in this area. _____
3. Scholarly quality of material presented. _____
4. Speaking style and effectiveness of presenter. _____
5. Quality of teaching aids (slides, films, notes). _____
6. Question period (adequate time, useful answers). _____
7. Clinical utility of this presentation. _____
8. Scientific quality of this presentation. _____

9. Specific comments:

10. Suggestions for future programs:

Please return or FAX promptly (567-1948) to Della Fritz in Neurology office (Room 5.318T, telephone: 567-4615). Thank you.