CMS Student Presentation Evaluation
Meeting Year _____________

Student Name: __________________________________________
Presentation Title: _________________________________________
Date & Time: _____________________________________________
Room Location: ___________________________________________

Judging Sheet

Directions: Please circle the most appropriate scale (1-5) for each question.

<table>
<thead>
<tr>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>1. Was the presentation professional?</td>
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<tr>
<td>a. Was the research original?</td>
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<td>b. Did the student show in-depth knowledge of the topic?</td>
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<td>c. Were presentation graphics legible (font size, color, scale bars?)</td>
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<td>d. How well were questions answered?</td>
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<td>e. Was the presentation clear and concise?</td>
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</table>

2. Was the introduction/background sufficient and relevant? 1 2 3 4 5

3. Were methods appropriate and well described? 1 2 3 4 5

4. Was the research hypothesis clearly stated? 1 2 3 4 5
   a. Did data presented support the interpretations? 1 2 3 4 5
   b. Was there an adequate statistical analysis of the data? 1 2 3 4 5
   c. Were overall conclusions clearly presented? 1 2 3 4 5

5. Rate the scientific impact of the research. 1 2 3 4 5

6. Were future applications of the research presented? 1 2 3 4 5

Total Score ________

Comments for the Judging Committee:

Constructive comments for the student: