

POSTER EVALUATION FORM

PLEASE NOTE: THIS FORM WILL BE GIVEN TO THE PRESENTER AFTER THE EVENT
TO PROVIDE FEEDBACK

Poster number: _____ Poster title: _____

Please mark the score for each evaluation criterion below. When you are finished, combine the total points at the bottom for the overall score.

CONTENT

CRITERIA	Poor	Fair	Average	Good	Excellent
Originality and complexity of project	1	2	3	4	5
Clinical significance: Relevance and application to hand therapy	1	2	3	4	5
Research/study design appropriate for topic of study	1	2	3	4	5
Quality of supporting evidence/results	1	2	3	4	5
Appropriate use of outcome measures	1	2	3	4	5

Comments on Poster Content: _____ **Total content points:** ____/25

ORGANIZATION

CRITERIA	Poor	Fair	Average	Good	Excellent
Layout (organized, effective, professional, captures interest)	1	2	3	4	5
Appropriate use of visual aids	1	2	3	4	5
Effective use of space	1	2	3	4	5
Legibility and clarity	1	2	3	4	5

Comments on Poster Organization: _____ **Total organization points:** ____/20

DELIVERY/VERBAL INTERACTION

CRITERIA	Poor	Fair	Average	Good	Excellent
Professional and confident	1	2	3	4	5
Engaged with audience	1	2	3	4	5
Comprehension and knowledge of subject area	1	2	3	4	5
Response to questions	1	2	3	4	5

Comments on Poster Delivery: _____ **Total delivery points:** ____/20

OVERALL IMPRESSION

1 2 3 4 5

Overall Impression Points = ____/5

TOTAL SCORE = ____/70

Comments: Please write additional comments on the back of the paper