

CAPSTONE PRESENTATION COMMITTEE EVALUATION FORM

Student's Name: _____ Student ID _____

Name of Evaluator: _____ Date _____

Please check *Satisfactory* or *Unsatisfactory* for each criterion corresponding to the student's performance.

Criteria	Satisfactory	Unsatisfactory	Comments
Organization evidence throughout			
Effective introduction / conclusion			
Demonstrated that the knowledge has personal meaning			
Visual aids and props (use of technology)			
Smooth, polished, well-prepared			
Final Comments			