Final Presentation Peer Feedback

Fill in this form. Save or print it under a file name identifying the presenter. Later upload each file to myCourses.

Evaluator Information

| Name | |
|-----------|--|
| McGill ID | |

Presenter Information

| Name | | | | | |
|-------------------|---------|--|--|--|--|
| Internship ID | GTS657- | | | | |
| Presentation Date | | | | | |

Feedback

| 1. Presentation Evaluation | | | | | | | |
|--------------------------------|------|------|---------|------|-----------|--|--|
| | Poor | Fair | Average | Good | Excellent | | |
| Organization | | | | | | | |
| Content | | | | | | | |
| Use and quality of visual aids | | | | | | | |
| Presentation | | | | | | | |

2. General comments on presentation / internship

Enter a few thoughts about the presentation and the internship.

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