***P**rofessional **F**itness **I**nstructor **T**raining*

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Lecturer - Presenter
Evaluation Form

Presenter / Lecturer Name:_____

Day / Date / Time: _____ / _____ / _____AM - PM

Type Class: ❒ Lecture-Topic _____ ❒ Activity -Type_____

		Poor	Weak	Average	Strong	Outstanding
Communications Skills						
	Voice, clarity, projection	1	2	3	4	5
	Motivation & enthusiasm	1	2	3	4	5
	Directions, clarity	1	2	3	4	5
	Interaction with the audience / students	1	2	3	4	5
	Professionalism, attitude,dress	1	2	3	4	5
Audio - Visual						
	Volume	1	2	3	4	5
	Clarity of slides / overheads / drawings	1	2	3	4	5
Lecture / Activity Content						
	Progression / flow	1	2	3	4	5
	Appropriate level of material	1	2	3	4	5
	Was it useful and applicable?	1	2	3	4	5
Lecture / Presentation Organization						
	Flow of lecture / presentation	1	2	3	4	5
	Overall Organization	1	2	3	4	5
	Promptness-arrival-start/finish	1	2	3	4	5
Additional Comments:						