

## Presentation Assessment Form

NAME OF CANDIDATE: \_\_\_\_\_

POST APPLIED FOR: \_\_\_\_\_

DATE AND TIME OF INTERVIEW: \_\_\_\_\_

PANEL MEMBERS: \_\_\_\_\_

**Key:**

**3 = strong evidence:** the applicant's provide strong evidence of fully meeting the criterion

**2 = acceptable evidence:** the applicant's evidence suggests they, in the main, meet the criterion

**1 = poor evidence:** little evidence is provided in meeting the criterion

**0 = no evidence is provided in meeting the criterion**

	3	2	1	0	
1. Relevance Addressed all main issues					Lacked relevance/ digressed/did not cover all areas
2. Innovation Innovative approach to issues with vision					Text book answers – no new ideas
3. Effectiveness of ideas Supported ideas with practical ways of how to make them work					Failed to demonstrate how ideas could be put into practice
4. Interpersonal Skills Inspirational, established excellent rapport with audience gaining their support for ideas put forward					Failed to gain interest/support of audience
5. Verbal Communication Skills Confident clear effective communicator					Lacked clarity/confidence, ineffective
6. Questions Responded well to questions. Was able to substantiate ideas					Failed to respond effectively to questions
7. General Effective time management, well prepared					Poor preparation/failed to deliver within allotted time
<b>Totals</b>					

Signed: \_\_\_\_\_

Date: \_\_\_\_\_