

**HSD Pro-Forma for Oral Presentation**

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| **Name of Presenter** |  |
| **Date** |  |
| **Title of Presentation** |  |
| **Audience[[1]](#footnote-1)** |  |

**The Presenter**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| Delivered the material in a clear and structured manner |  |  |  |  |
| Delivered the presentation at the appropriate pace |  |  |  |  |
| Was knowledgeable about the topic and any related issues |  |  |  |  |
| Maintained my interest during the entire presentation |  |  |  |  |
| Engaged with the audience |  |  |  |  |
| Answered questions effectively |  |  |  |  |

**The Presentation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| Was accurate and informative |  |  |  |  |
| Was clearly organised and flowed well |  |  |  |  |
| The content was at the appropriate level for the audience |  |  |  |  |
| Used appropriate visual aids effectively |  |  |  |  |
| Fulfilled the aims set out at the start by the presenter |  |  |  |  |

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| **Feedback to Presenter -** This could include feedback on the suitability of the content, the presentation skills of the presenter and any areas for improvement. |
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| **Name and Job Role of Assessor** |  |
| **Signature** |  |
| **Date** |  |

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| **Reflection by the HSD Candidate -** This should include reflection by the candidate on their view of the success (or otherwise) of the presentation, the comments made above and any actions they plan to take ahead of any future presentations. |
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1. There should be a brief description of the number of attendees and the mix of staff grades who were at the presentation. The names of the attendees must not be provided. [↑](#footnote-ref-1)