

**Title of Presentation:**

**Presenter:**

**Presenter Category:**

- Student: Medical/Nursing/Graduate
- Resident Physician
- Fellow
- Practitioner: Physician/Physician Assistant, Nurse/Nurse Practitioner, Faculty or Teacher

**Directions:** Please place comments under each factor. Use this scale for scoring presentations:  
 0=Unacceptable; 1=Poor; 2=Satisfactory; 3=Good; 4=Outstanding

<b>Factors</b>	<b>Score x Weight = Weighted Score</b>			
<b><u>Topic Selection</u></b>				
Significance to Primary Care .....	_____	X	5	= _____
Originality of research.....	_____	X	2	= _____
<b><u>Quality of Research</u></b>				
Soundness of research methods.....	_____	X	7	= _____
Validity of conclusions.....	_____	X	6	= _____
<b><u>Quality of Presentation</u></b>				
Clarity and flow of presentation.....	_____	X	4	= _____
Proper use of audiovisual aid.....	_____	X	1	= _____
Total Score.....				= _____
<b>(100 possible)</b>				
Penalty ( <i>Poster Larger or smaller than 4ft. X 3ft. – minus five points</i> )				- _____
<b>Total Score.....</b>				<b>= _____</b>

Next step suggestions to presenter:

This form is used to assist the reviewers in providing feedback to the presenters regarding the research presentations provided; however, reviewers are not bound by these scores in determining awards.

Judge: \_\_\_\_\_