STUDENT AWARD EVALUATION FORM

Date:
Time:
Session #:
Paper/Poster #:
Student's name:
Title:
Judge's name:
Presentation type? Poster / Oral

Please circle your scores:

Scale:	Poor	Below Average	Average	Above Average	Outstanding	Not Applicable
Definition of problem	I	2	3	4	5	
Originality and creativity	I	2	3	4	5	
Scientific/technical quality of approach	I	2	3	4	5	
Discussion of results	I	2	3	4	5	
Effectiveness of figures/tables	I	2	3	4	5	
Presentation clarity	I	2	3	4	5	
Presentation organization	I	2	3	4	5	
Handling of questions	I	2	3	4	5	<u>.</u>
Total						

Please use other side for comments (if any).