**Education / Presentation Feedback Form**

**Presentation Topic:**

**Presenter:** **Date:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Delivery Style:** | | | | | |
|  | **Poor** | **Fair** | **Good** | **Excellent** | |
| 1. **Presenter speaks clearly, at an appropriate pace, and uses appropriate language**   *NCNZ Competency 1.1, 3.3* |  |  |  |  | |
| Comment: | | | | | |
| 1. **Presenter’s personal presentation is professional**   *NCNZ Competency 1.1* |  |  |  |  | |
| Comment: | | | | | |
| 1. **Provides and uses appropriate resources to facilitate learning** *e.g. Powerpoint / group discussion / discussion*   *NCNZ Competency 1.1, 2.8, 2.9, 3.3* |  |  |  |  | |
| Comment: | | | | | |
| **Content:** | | | | | |
| 1. **Presenter attempts to identify objectives from the participants and the existing knowledge and skills of the participants prior to the education session**   *NCNZ Competency1.1, 2.8, 3.3* |  |  |  |  | |
| Comment: | | | | | |
| 1. **Presenter has a good knowledge of topic**   *NCNZ Competency 1.1, 2.9* |  |  |  | |  |
| Comment: | | | | | |
| 1. **Presenter allows time for questions and discussion**   *NCNZ Competency 1.1, 2.8, 3.3* |  |  |  | |  |
| Comment: | | | | | |
| 1. **Has the education session met the learning objectives as agreed?** | | | | | |
| Comment: | | | | | |
| **Application to practice:** | | | | | |
| 1. **How will you be able to integrate this knowledge into practice?** *NCNZ Competency 1.1, 1.4, 2.9* | | | | | |
| 1. **General Comments:** | | | | | |

Signed by nurse providing feedback: