



# Employer Evaluation of Work Term Presentation

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Student Name: \_\_\_\_\_  
Student Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Course Term: KIN 402 Work Term Year: \_\_\_\_\_  
Work Term: Winter (Jan - Apr) Summer (May - Aug) Fall (Sept - Dec)

Organization: \_\_\_\_\_  
Department: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Title of Presentation: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Evaluator's Name: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Overall Presentation Grade:

- Excellent
- Good
- Satisfactory
- Unsatisfactory

Once both pages of this form have been completed, please email it directly to the UBC Kinesiology Co-op Office at [kin.coop@ubc.ca](mailto:kin.coop@ubc.ca). The evaluator may also provide a copy to the student if they wish.



Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ Course Term: KIN 402

Content	Excellent	Good	Satisfactory	Inadequate	N/A	Comments:
Suitability of Topic						
Authority and Accuracy						
Analytic Content						
Thoroughness of Treatment						
Table/Figure Presentation						
Expression	Excellent	Good	Satisfactory	Inadequate	N/A	Comments:
Quality of Visual Aids						
Ability to Engage Audience						
Oral Communication Skills						
Structure	Excellent	Good	Satisfactory	Inadequate	N/A	Comments:
Overall Structure						
Knowledge of the Audience						
Clarity						
Style						

**Comments:**

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\_\_\_\_\_  
Evaluator's Signature

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Date Marked