

Sample Evaluation and Results Form

Participant Information

Name _____ Date _____
Department _____ Position _____

Evaluation Criteria

Criteria	Score (1-5)	Comments
Knowledge of Subject	____	_____
Presentation Skills	____	_____
Engagement	____	_____
Professionalism	____	_____
Time Management	____	_____

Summary and Recommendations

Overall Score	_____
Strengths Observed	_____
Areas for Improvement	_____
Final Recommendation	~ Satisfactory ~ Needs Improvement ~ Unsatisfactory

Evaluator's Signature _____

Date

Important Notes:

- This form provides a standardized method for fair and transparent evaluation.
- Scores and remarks should be as objective and specific as possible.
- All evaluation data must be handled with confidentiality.
- Completed forms should be stored securely and only accessible to authorized personnel.