**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:**
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Signed by nurse providing feedback: