

# Panelist Feedback Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Instructions: rate each of the following skill requirements on a scale of 1 to 4.*

4 = Excellent

3 = Good

2 = Fair

1 = Needs Improvement

| 4 | 3 | 2 | 1 | <u>Introduction</u>   |
|---|---|---|---|---|
|   |   |   |   | Introduced themselves with confidence   |
|   |   |   |   | Stated the problem clearly  |
|   |   |   |   | Presentation includes evidence of research  |
| 4 | 3 | 2 | 1 | <u>Activity</u>   |
|   |   |   |   | Spoke clearly and appropriately   |
|   |   |   |   | Directions for the activity are clear and sequential (visual enhanced presentation) |
|   |   |   |   | Good use of space   |
|   |   |   |   | Safe activity for size of space   |
|   |   |   |   | Activity level is appropriate for space (and monitored, if applicable)              |
|   |   |   |   | Participants are physically active  |
|   |   |   |   | All group members contributed   |
|   |   |   |   | Answered panelists'/participant's questions thoroughly                              |

| What the group did well: | Opportunities for improvement: |
|--------------------------|--------------------------------|
|                          |                                |