Presenter Self Reflection and Improvement Plan

Presenter’s Name:_________________ Presentation Date: _______ Topic: __________________

What do you feel went well with this presentation?

Note to resident/fellow: Please take a moment and review the feedback forms that audience members completed before you continue. If you have an opportunity to watch a video tape of yourself, please do so before continuing.

From your own self reflection and the feedback of your peers / mentors, what specific areas for improvement do you feel are most outstanding?

1:

2:

3:

What do you plan to do better or differently next time you present?

1:

2:

3:

This evaluation was reviewed with the resident/fellow:
Resident/fellow signature: _______________________
Reviewer: ....................................................... 
Date: .......................................................

Note to Resident/fellow: Please include the following documentation and place in your portfolio folder:

a) All Rating forms from this presentation
b) Your signed self reflection and learning plan document (this document)
c) Copies of your handouts or other presentation materials