

**Group Presentation Rating Form**  
**Physical Therapist Assistant Program**  
**Lake Superior College**

Directions: Complete this form to rate the amount of effort put forth by your group during the preparation for your presentation as well as the actual presentation itself. **Your comments will be kept confidential.**

1. Your name \_\_\_\_\_ Course: \_\_\_\_\_

Date \_\_\_\_\_

2. Names (first and last) of group members.

3. Presentation/Project title: \_\_\_\_\_

4. Presentation date or date project due: \_\_\_\_\_

5. Describe the responsibilities of each group member, including yourself.

6. Did you feel you needed to continually prompt any member(s) of your group to do their part? **Explain** (be specific).

7. Do you feel anyone in your group (including yourself) did more or less than their share? **Explain**.

8. Other general comments about the way your group worked together.

9. Explain in detail what you learned as a result of participating in this assignment. **Be specific.** Your answer include a thoughtful reflection of the challenges and opportunities presented by this presentation.

10. Would you recommend this particular presentation topic be retained in the program? **Why or why not? Please clearly explain your response.**