

Client Feedback Form –Simulation Project Presentation

Thank you for reviewing the student presentations. Your feedback is an important part of their learning experience. Please evaluate each category based on what you observed during the pitch and demonstration. Comments are highly encouraged.

Please circle or mark one rating for each row (1 = Poor, 5 = Excellent).

Team Name: _____ Date: _____

Project Title: _____

Criterion	Score (1–5)	Comments
Clarity of Presentation (learning goals, use case, target audience, overall purpose)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Simulation Demo (functionality, flow, realism, ease of use)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Professionalism (organization, confidence, timing, visual aids)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Responsiveness (ability to address questions and feedback)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Perceived Usefulness for Intended Users (authenticity, relevance, potential to support learning/training)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Additional Comments or Suggestions:

Thank you for your time and feedback.