

Poster Evaluation Tool

Project Title:	Poster Number:
Student Name(s):	Sponsoring faculty: _____ Course # _____

PLEASE CIRCLE POSTER CATEGORY: G__ UG__ RN-BSN__ **Reviewer:** _____

	No Evidence	Minimum Level	Below Average Level	Average Level	Above Average Level	Outstanding Level
1. Poster is visually appealing.	0	1	2	3	4	5
2. Content presented is clear and easy to follow	0	1	2	3	4	5
3. Purpose of the project/research is clearly stated	0	1	2	3	4	5
4. Background and supporting literature is included. *Citations are on poster or handout	0	1	2	3	4	5
5. Process used to complete the project/research is clear. If Primary Research, a “methods” section is included. If Theory Development - process is clear	0	1	2	3	4	5
6. Relevance to nursing is clear.	0	1	2	3	4	5
7. Project/research is creative and/or innovative.	0	1	2	3	4	5
8. Project/research adds to knowledge of discipline. If primary research “Analysis and Results” section are included.	0	1	2	3	4	5
Subtotal for each column						

Comments:

TOTAL SCORE:
____ / 40