## Nassau County Office of the Medical Examiner - Division of Forensic Services Court Testimony Evaluation Form

Date of Testimony:		Laboratory Case No:  Name of Defendant:  Title (Evaluator):	
Witness Testifying:			
<b>Evaluator:</b>			
The rating system is as f	follows: (1) poor, (2) good, (3)	sed upon the expert testimony given very good, (4) excellent, and (n/a) a You may attach additional pages w	not applicable. If a rate
1. Dress and appearance Comments:	ce of witness:		1 2 3 4 n/a
2. Poise and demeanor Comments:	during direct examination:		1 2 3 4 n/a
3. Effectiveness of pre 3a. Clarity of witne Comments:	sentation: ess and vocal projection:		1 2 3 4 n/a
3b. Ability to conv Comments:	vey scientific concepts to jury	:	1 2 3 4 n/a
3c. Ability to utilize case notes or schematics during testimony: Comments:		1 2 3 4 n/a	
3d. Interpretation of laboratory results:  (When applicable, base your evaluation upon consistency with pretrial conference)  Comments:		1 2 3 4 n/a	
4. Poise and demeanor during cross examination: Comments:			1 2 3 4 n/a
For Lab Use Only:	Analyst's Initials: Supervisor's Initials:	Date: Date:	
Please fax to: 516-572-5818 or e-mail attn: Karen Dooling			

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