

DEPARTMENT OF FORENSIC SCIENCE  
EXPERT TESTIMONY EVALUATION FORM

Examiner: \_\_\_\_\_ Court Date: \_\_\_\_\_ Court: \_\_\_\_\_

FS Lab #: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Area of Testimony: \_\_\_\_\_

I. Appearance:  Meets requirements  Needs Improvement

II. Courtroom Demeanor: (Includes posture, alertness, voice projection, breath control, handling of excess baggage, i.e., coat, briefcase, etc.)  
 Meets requirements  Needs Improvement

III. Direct Examination: Prosecuting Attorney: \_\_\_\_\_

A. Qualifications:  Meets requirements  Needs Improvement

B. Evidence identification:  Meets requirements  Needs Improvement

C. Description of laboratory examinations:  Meets requirements  Needs Improvement

D. Ability to convey results in both layman and scientific terminology:  Meets requirements  Needs Improvement

E. Witness' conclusions are consistent with CoA: Meets requirements Needs Improvement

F. Demonstration with photographic or visual exhibits: Meets requirements Needs Improvement

G. Ability to testify within the limits of expertise: Meets requirements Needs Improvement

H. Appropriate direction of testimony to jurors or judge: Meets requirements Needs Improvement

IV. Cross-Examination: Defense Attorney: \_\_\_\_\_

A. Impartiality: Meets requirements Needs Improvement

B. Change of demeanor from that shown on direct examination: Yes No

V. Additional Comments or Considerations:

Date testimony reviewed with examiner: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

Signature of Examiner: \_\_\_\_\_