

**DEPARTMENT OF FORENSIC SCIENCE  
EXPERT TESTIMONY EVALUATION FORM**

Witness: \_\_\_\_\_ Court Date: \_\_\_\_\_

Court: \_\_\_\_\_ FS Lab #: \_\_\_\_\_

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

Please elaborate on any area(s) marked "Needs Improvement".

I. Appearance: (proper court attire, e.g., suit)  Acceptable  Needs Improvement

COPYRIGHT © 2019

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

VIRGINIA  
DEPARTMENT

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

A. Qualifications:  Acceptable  Needs Improvement

FORENSIC SCIENCE

B. Evidence identification:  Acceptable  Needs Improvement

C. Description of laboratory examinations:  Acceptable  Needs Improvement

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

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

F. Demonstration with photographic or visual exhibits: Acceptable Needs Improvement

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

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

COPYRIGHT © 2019

VIRGINIA  
DEPARTMENT  
OF  
FORENSIC SCIENCE

IV. Cross-Examination:

Attorney: \_\_\_\_\_

A. Impartiality: Acceptable Needs Improvement

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

V. Additional Comments or Considerations:

Date testimony reviewed with Witness: \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_