

Division of Forensic Services Court Testimony Evaluation Form

Date of Testimony:

Laboratory Case No:

Witness Testifying:

Name of Defendant:

Evaluator:

Title (Evaluator):

Please rate the scientist in the following categories based upon the expert testimony given by the above scientist. The rating system is as follows: (1) poor, (2) good, (3) very good, (4) excellent, and (n/a) not applicable. If a rate of (1) is given, please explain in the space provided. You may attach additional pages with comments if needed.

1. Dress and appearance of witness: 1 2 3 4 n/a
Comments: ☐ ☐ ☐ ☐ ☐

2. Poise and demeanor during direct examination: 1 2 3 4 n/a
Comments: ☐ ☐ ☐ ☐ ☐

3. Effectiveness of presentation:
3a. Clarity of witness and vocal projection: 1 2 3 4 n/a
Comments: ☐ ☐ ☐ ☐ ☐

3b. Ability to convey scientific concepts to jury: 1 2 3 4 n/a
Comments: ☐ ☐ ☐ ☐ ☐

3c. Ability to utilize case notes or schematics during testimony: 1 2 3 4 n/a
Comments: ☐ ☐ ☐ ☐ ☐

3d. Interpretation of laboratory results: 1 2 3 4 n/a
(When applicable, base your evaluation upon consistency with pretrial conference) ☐ ☐ ☐ ☐ ☐
Comments:

4. Poise and demeanor during cross examination: 1 2 3 4 n/a
Comments: ☐ ☐ ☐ ☐ ☐

For Lab Use Only:

Analyst's Initials: _____

Date: _____

Supervisor's Initials: _____

Date: _____

Please fax to: 516-572-5818 or e-mail _____

attn: Karen Dooling