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| --- | --- | --- | --- | --- | --- | --- | --- |
| Witness |  | | | Testimony Date | |  | |
| Court Location/ Case # |  | | | Laboratory Case # | |  | |
| Evaluator |  | | | Title | |  | |
|  | *(Please Print Name/Sign)* |  | |  |  | |
| Agency |  | | Phone |  | | |
| Defendant(s) |  | | Subject of Testimony |  | | |
| Manner of Monitoring:  Direct Observation  Video Tape  Audio Tape  Transcript Review | | | | | | |

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| --- | --- |
|  | *Rating*  Excellent Average Poor |
| 1. Did the witness have a professional demeanor and appearance?  N/A |  |
| 1. Was the witness well prepared for trial?  N/A |  |
| 1. Did the witness effectively present the evidence?  N/A |  |
| 1. Did the witness effectively describe their qualifications, duties and analysis?  N/A |  |
| 1. How well did the witness convey scientific results to the jury?  N/A |  |
| 1. Were you satisfied with the overall testimony?  N/A |  |
| Please add any feedback from other court participants regarding the witness (such as the jury, judge, or opposing counsel). | |
| Please comment on the testimony or areas for improvement. | |

If evaluator is external to the laboratory, please email completed form to **LabQA@dps.texas.gov**

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| DPS Only | Supervisor Date  Signature  Testifying Witness Date  Signature |