



TEXAS DEPARTMENT OF PUBLIC SAFETY  
CRIME LABORATORY

Testimony Survey Form – External

LAB-314b Rev.00 (04/2025) p.1 Issued by: SQM

Witness \_\_\_\_\_ Testimony Date \_\_\_\_\_  
Court Location/ \_\_\_\_\_ Laboratory \_\_\_\_\_  
Case # \_\_\_\_\_ 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

		<u>Rating</u>				
		Excellent	Average			Poor
1. Did the witness have a professional demeanor and appearance?	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the witness well prepared for trial?	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the witness effectively present the evidence?	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the witness effectively describe their qualifications, duties and analysis?	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How well did the witness convey scientific results to the jury?	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were you satisfied with the overall testimony?	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**

DPS Only	<input type="checkbox"/> Any below average rating selected has been discussed between the witness and the supervisor.
	Supervisor _____ Date _____ Signature
	Testifying Witness _____ Date _____ Signature