STATE of CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF SCIENTIFIC SERVICES
WITNESS EVALUATION FORM

The purpose of this questionnaire is to allow the Division to evaluate its level of service in providing expert testimony. We encourage comments.

Date of Testimony:_____ Court: _____

DSS Employee Name: _____ DSS Case #:_____

	YES	NO	N/A
Did the witness:			
Exhibit good courtroom demeanor?			
Speak clearly and distinctly?			
Address answers to the jury (as appropriate)?			
Answer questions in an understandable manner?			
Answer in an organized, concise, and consistent manner?			
Demonstrate an understanding and knowledge of scientific/ technical subject?			
Communicate the scientific basis of their testimony?			
Come prepared with requested documents?			
Limit testimony to within their stated area of expertise?			
Was the witness' testimony consistent with the laboratory findings?			

OVERALL RATING: Outstanding Very Good Good Average Poor Unacceptable

ADDITIONAL COMMENTS:

_____
_____
_____
_____

Evaluator Name and Title: _____ Telephone: _____

After completing this form please forward it to the DSS through the contact information below.

Thank you for your assistance.

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