

**NORTH CAROLINA STATE CRIME LABORATORY
EXPERT TESTIMONY EVALUATION FORM
TO BE COMPLETED BY A SUPERVISOR OR SENIOR ANALYST**

TYPE OF COURT:

LOCATION OF TESTIMONY:

WITNESS EVALUATED:

LABORATORY FILE NUMBER:

DATE OF TESTIMONY:

NAME & TITLE

EVALUATION CRITERIA

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|--|------------------------------|-----------------------------|
| 1. Was the witness dressed in a professional manner and within NCSCCL policy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Was the demeanor of witness professional and appropriate? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Did the witness appear to be prepared and organized? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Did you, the evaluator, review the case file prior to the trial? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Was the testimony of the witness consistent with the case file? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Was testimony presented in an impartial manner? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Was testimony presented in a manner that the jury could understand? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Was testimony within the constraints of scientific knowledge? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Were conclusions supported by adequate scientific data? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Were answers given in response to questioning complete and appropriate? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Did the witness present clear and accurate testimony without volunteering unnecessary and unsolicited information? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Did the witness remain calm throughout the testimony regardless of any adversarial approaches? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

COMMENTS:

EVALUATOR SIGNATURE: _____ DATE: _____

Internal Use Only: REVIEW WITH EMPLOYEE DATE: _____ EMPLOYEE: _____ SUPERVISOR: _____

LAB LEGAL COUNSEL (if required by procedure): _____ QM: _____