**Witness Critique**

In furtherance of our goal to provide accurate and reliable testimony in a professional manner, we have developed this questionnaire to collect information that will help the OSBI laboratory better evaluate our employees’ courtroom testimony. Please take a minute to answer the questions below, then return the form. Your opinions, observations and suggestions are important to our organization, and will help us improve the quality of service we provide to you. Thank you for your assistance!

|  |  |  |  |
| --- | --- | --- | --- |
| Witness’ Name |       | Court Case # |       |
| Court/County |       | OSBI Lab # |       |
| Testimony Date |       | Defendant |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please rate the witness’ testimony.** | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** | **N/A** |
| 1. The witness displayed professional courtroom demeanor and appearance.
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. The witness conveyed information in a manner easily understood by the court/ jury.
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. The witness demonstrated poise and professionalism during direct examination.
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. The witness demonstrated poise and professionalism during cross examination.
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. The witness made appropriate use of court exhibits or visual aids (if applicable).
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. The testimony was based upon scientific principles (to be rated by lab reviewers only).
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |

|  |  |
| --- | --- |
| Remarks/Comments/Suggestions (please explain poor ratings): |  |
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|  |  |
| --- | --- |
| Your Name (optional) |  |
| **[ ]**  | Judge | **[ ]**  | Prosecutor | **[ ]**  | Defense |
| **[ ]**  | OSBI Supervisor/TM | **[ ]**  | OSBI Employee | **[ ]**  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**(OSBI CSD USE ONLY) – REVIEWED WITH EMPLOYEE**

|  |
| --- |
| Reviewed with Employee (sign and date) |
| Employee  |       | Date: |       |
| Supervisor |       | Date: |       |
| Additional Training Required? [ ]  Yes [ ]  No [ ]  N/A |