

PEER EVALUATION FORM

Speaker Name _____ Topic _____

	EXCELLENT	GOOD	AVERAGE	OKAY	POOR
SPEECH CONTENT					
Attention Getter					
Purpose Statement					
Main Ideas (Clear? Strong? Relevant?)					
Organization					
Use of Language					
Conclusion/Summary					
SPEECH DELIVERY					
Conversational Style/Tone					
Vocal Clarity, Volume, Pacing					
Use of Posture, Gestures, Eye Contact					
Use of Visual Aid					

Overall, what one specific improvement could the speaker make to increase the effectiveness of her/his presentation?

Evaluator's Name _____

Date _____