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Oral Presentation Evaluation Form

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**Speaker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event/Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Topic of Presentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluation Areas**

* Organization (Clear introduction, body, conclusion): ☐1 ☐2 ☐3 ☐4 ☐5
* Content Accuracy (Relevant, factual information): ☐1 ☐2 ☐3 ☐4 ☐5
* Delivery (Eye contact, voice modulation, pacing): ☐1 ☐2 ☐3 ☐4 ☐5
* Engagement (Interaction with audience): ☐1 ☐2 ☐3 ☐4 ☐5
* Visual Aids (Enhance presentation): ☐1 ☐2 ☐3 ☐4 ☐5

**Open Feedback:**

**Evaluator Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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