



Oral Presentation Evaluation Form

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: _____