

Debate Evaluation Form PDF

General Information:

- Debate Topic: _____
- Date of Debate: _____
- Evaluator's Name: _____
- Debate Team (Affirmative/Negative): _____

Participant Information:

- Speaker's Name: _____
- Role (Opening, Rebuttal, Closing): _____
- Time Allocated: _____

Evaluation Criteria:

Criteria	Score (1-10)	Comments
Clarity of Arguments		
Use of Evidence		
Presentation Skills		
Rebuttals		
Overall Engagement		
Time Management		
Team Coordination		
Closing Statements		

- Speaker adhered to the debate rules**
- Provided strong rebuttals and counter arguments**

Evaluator's Signature: _____

Date: _____