

Debate Evaluation Form for Students

Student Information:

- Student's Name: _____
- Class/Grade Level: _____
- Date of Evaluation: _____
- Evaluator's Name (Teacher/Coach): _____

Debate Details:

- Topic: _____
- Position (For/Against): _____
- Assigned Role: _____

Performance Assessment: Demonstrated strong knowledge of the topic

- Maintained eye contact with the audience
- Spoke clearly and confidently
- Responded effectively to opposing arguments
- Used persuasive language throughout

Comments on Performance:

Aspect	Score (1-5)	Feedback
Argument Structure		
Evidence Support		
Delivery		
Team Collaboration		
Audience Engagement		

Creativity in Approach		
Adherence to Rules		
Final Remarks		

Teacher's Comments: _____

Student Signature: _____

Date: _____