

# Printable Debate Evaluation Form

## Event Details:

- Event Name: \_\_\_\_\_
- Location: \_\_\_\_\_
- Date of Event: \_\_\_\_\_
- Judge's Name: \_\_\_\_\_

## Debater Details:

- Name of Debater: \_\_\_\_\_
- Team Name: \_\_\_\_\_
- Role in Debate: \_\_\_\_\_

## Evaluation Checklist: Opening statement was engaging

- Arguments were logical and coherent
- Demonstrated strong rebuttals
- Proper use of evidence
- Summarized points effectively

## Detailed Feedback Table:

Criteria	Excellent	Good	Fair	Poor
Content Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence in Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of Thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement with Opponent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adherence to Time Limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Body Language</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Handling of Q&amp;A Session</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Judge's Final Score:** \_\_\_\_\_/100

**Judge's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_