**Oral Presentation Feedback Form**

**Presenter’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Presentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Criteria** | **Excellent (5)** | **Good (4)** | **Average (3)** | **Needs Improvement (2)** | **Poor (1)** |
| --- | --- | --- | --- | --- | --- |
| **Speech Clarity** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Engagement with Audience** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Visual Aids Effectiveness** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Confidence and Posture** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Content Depth** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |

**Comments or Suggestions:**

**Evaluator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Evaluator’s Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**