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: _____