

# Peer Presentation Feedback

## Form High School

Presenter's Name: \_\_\_\_\_

Class/Grade: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

Criteria	Excellent (5)	Good (4)	Average (3)	Needs Improvement (2)	Poor (1)
Clarity of Speech	[ ]	[ ]	[ ]	[ ]	[ ]
Confidence Level	[ ]	[ ]	[ ]	[ ]	[ ]
Use of Examples	[ ]	[ ]	[ ]	[ ]	[ ]
Visuals and Graphics	[ ]	[ ]	[ ]	[ ]	[ ]
Audience Interaction	[ ]	[ ]	[ ]	[ ]	[ ]

What was the strongest part of the presentation?

\_\_\_\_\_

What could be improved?

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**Evaluator's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_