Student Presentation Feedback Form PDF

Name of Presenter: _____

Date of Presentation: _____

Title of Presentation: _____

Feedback Criteria:

- Presentation Content: Clear, concise, and well-researched
- Delivery Style: Confident, engaging, and audible
- Use of Visual Aids: Effective, relevant, and well-designed
- Engagement with Audience: Encourages participation and answers questions effectively

Strengths of the Presentation:

_____

Areas for Improvement:

_____

Overall Feedback:

_____

Additional Comments:

_____

Evaluator's Name: _____

Evaluator's Signature: _____