

# Speaker Evaluation Form Template

Event Name: \_\_\_\_\_

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

Speaker's Name: \_\_\_\_\_

Host Organization: \_\_\_\_\_

## 1. Session Details:

- Title of Presentation: \_\_\_\_\_
- Duration of Session: \_\_\_\_\_
- Mode of Delivery:  In-Person  Online  Hybrid

## 2. Content Review:

- Relevance of the Topic:  Excellent  Good  Average  Poor
- Was the information new and insightful?  Yes  No
- Logical Flow of Content:  Excellent  Good  Average  Poor

## 3. Speaker Evaluation:

- Confidence and Professionalism: \_\_\_\_\_
- Ability to Engage and Motivate the Audience: \_\_\_\_\_
- Clarity in Speech and Thought Process: \_\_\_\_\_
- Response to Audience Queries:  Excellent  Good  Fair  Poor

## 4. Detailed Rating (1-5):

Evaluation Criteria	1	2	3	4	5
Preparation & Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Communication Style</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interaction with Participants</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Use of Visual Aids</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. Open Feedback:**

- What did you find most valuable in the session? \_\_\_\_\_
- What improvements would you suggest? \_\_\_\_\_

**Final Recommendation:**

Would you recommend this speaker for future events?  Yes  No

Evaluator's Name (Optional): \_\_\_\_\_

Signature (Optional): \_\_\_\_\_