

Speaker Evaluation Form for Students

Event Title: _____

Date: _____

Speaker's Name: _____

Institution Name: _____

Class/Grade: _____

Student's Name (Optional): _____

Session Details:

- Topic Covered: _____
- Duration of the Session: _____
- Mode of Delivery: In-person Virtual Hybrid

1. Content Evaluation:

- Was the content relevant to the subject? Yes No Somewhat
- Did the speaker cover all the key points effectively? Yes No
- Clarity of objectives: _____
- Rate the content organization (1 to 5): _____

2. Speaker Performance:

- Communication Style: _____
- Ability to Engage the Audience: _____
- Use of Visual Aids and Examples: _____
- Handling of Student Queries: Excellent Good Fair Poor

3. Interactive Section:

- What did you find most interesting? _____
- Was the pace of the session appropriate? Yes No
- Did the speaker encourage participation? Yes No

4. Rating (1 to 5):

Criteria	1	2	3	4	5
Knowledge of Topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement with Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions for Improvement:
