

Feedback form

Speaker:

Title:

Project no.:

Some points for the evaluator to consider

Eye contact
Gestures
Vocabulary
Appearance

Vocal variety
Volume (how loud)
Pitch
Talking speed

Props
Body language
Stance
Opening/closing

Clarity of message
Use of notes
Speech organisation
Met objectives

I liked:

For improvement:

Strong points:

Quick checklist

	Great	Good	Fair
Introduction:			
Content:			
Conclusion:			
Speech structure:			
Voice:			
Eye contact:			
Gestures:			
Positive approach:			



Evaluated by: _____

Date: _____

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