Student Name ____________________________________________

Subject ________________________________________________

Date: _____ Start time: _____ Finish Time: _____

Evaluated by ____________________________________________

1  Style

_____ Voice (loud enough, diction clear)
_____ Audience eye contact
_____ Confidence
_____ Use of notes
_____ Preparation of visual aids (font big enough, uncluttered)
_____ Use of visual aids (smooth changes, no blank screen)
_____ Finished on time

2  Content

_____ Level appropriate for audience
_____ Content of visual aids
_____ Organization
_____ Appropriate repetition
_____ Responses to questions

3  Comments