

## Informative Oral Presentation Evaluation Form

Name \_\_\_\_\_

Date \_\_\_\_\_

### Content

### Comments

\_\_\_\_\_ Effective attention getter

\_\_\_\_\_ Clear, strong thesis statement

\_\_\_\_\_ Main points were clear

\_\_\_\_\_ Main points were substantive

\_\_\_\_\_ Subpoints were clear

\_\_\_\_\_ Subpoints were substantive

\_\_\_\_\_ Supporting evidence was provided

\_\_\_\_\_ Sources of information were cited

\_\_\_\_\_ Review of main points included in conclusion

\_\_\_\_\_ Concluding statement was clear - presentation ended smoothly

*Content points* \_\_\_\_\_

### Delivery and Visual Aids

\_\_\_\_\_ Extemporaneous delivery

\_\_\_\_\_ Effective eye contact

\_\_\_\_\_ Vocal variety (rate, pitch, volume)

\_\_\_\_\_ Effective gestures and movement

\_\_\_\_\_ Appropriate and effective language use

\_\_\_\_\_ Effective articulation and pronunciation of words

\_\_\_\_\_ Visual aids were easily seen by the audience

\_\_\_\_\_ Visual aids provided additional information and were effective

*Delivery points* \_\_\_\_\_

Presentation time \_\_\_\_\_

*Total points for the presentation* \_\_\_\_\_