## Oral Presentation Feedback Form

Evaluator	:
Speaker:	
Date:	

1 = I do not agree at all; 5 = I agree completely

Statement	Score	Comments	
Content			
Topic was relevant and appropriate	1 2 3 4 5		
Speaker presented enough information	1 2 3 4 5		
It was not too much information	1 2 3 4 5		
I understood the speaker	1 2 3 4 5		
Speaker understands subject well	1 2 3 4 5		
Visual aids were clear and effective	1 2 3 4 5		
Presentation was well-organized	1 2 3 4 5		
Mechanics			
I heard the speaker clearly	1 2 3 4 5		
The speaker had appropriate tone and style	1 2 3 4 5		
Speaker's pace/speed was right	1 2 3 4 5		
Speaker did not have distracting mannerisms	1 2 3 4 5		
Speaker did not depend too much on notes	1 2 3 4 5		
Presentation was not too long	1 2 3 4 5		
Presentation was not too short	1 2 3 4 5		
Handling of Questions			
Answers were satisfactory	1 2 3 4 5		
Overall			
I found this talk interesting	1 2 3 4 5		
I enjoyed this talk	1 2 3 4 5		

## Additional Comments

List two things you liked about the presentation.

List two things about the presentation that could be improved.