

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.