

NAME _____

PRESENTATION

evaluation form

CONTENT / ORGANIZATION

Did the speaker support their points well?
Were the supporting materials & examples
relevant? Was the presentation well-structured
& transitions between sections smooth?

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
poor average outstanding

DELIVERY

Was the speaker natural, enthusiastic and
easy to understand? Did the presentation
lead to a clear conclusion?

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
poor average outstanding

ENGAGEMENT

Did the speaker engage the audience?
Was the presentation stimulating and thought-
provoking? Were there any creative means
to achieve better delivery?

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
poor average outstanding

OVERALL IMPRESSION

All said and done, what is your overall
impression of the speaker? Did they appear
well or poorly prepared? Was the presentation
effective at delivering the content and
stimulating your interest in the topic?

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
poor average outstanding

THREE

lessons you learned from the presentation

TOTAL _____
(sum of the above)

LIKES

What did you like about the presentation?

IMPROVEMENT

What do you think the speaker could have done better?