Your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ORAL PRESENTATION RUBRIC

Volume = Can I hear you from the back of the room?

Stance = Are you doing the hip lean? The 7th grade jig?

The pedestal grab?

Emphasis = Is there a clear sense to your words that tells us what is important?

Eye Contact = Are you trapped to your cards/notes?

Content = How is the actual quality of your presentation?

Please score on a 0 - 2 scale, 5 being best. Each category will get a score for a grand possible total of 10 pts. Do not score your own group!

Presentation 1: Group \_\_\_\_\_\_\_\_\_\_ Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volume: \_\_\_ Stance: \_\_\_ Emphasis: \_\_\_ Eye Contact: \_\_\_ Content: \_\_\_

TOTAL \_\_\_\_\_ (out of 10)

Presentation 2: Group \_\_\_\_\_\_\_\_\_\_ Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volume: \_\_\_ Stance: \_\_\_ Emphasis: \_\_\_ Eye Contact: \_\_\_ Content: \_\_\_

TOTAL \_\_\_\_\_ (out of 10)

Presentation 3: Group \_\_\_\_\_\_\_\_\_\_ Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volume: \_\_\_ Stance: \_\_\_ Emphasis: \_\_\_ Eye Contact: \_\_\_ Content: \_\_\_

TOTAL \_\_\_\_\_ (out of 10)

Presentation 4: Group \_\_\_\_\_\_\_\_\_\_ Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volume: \_\_\_ Stance: \_\_\_ Emphasis: \_\_\_ Eye Contact: \_\_\_ Content: \_\_\_

TOTAL \_\_\_\_\_ (out of 10)

Presentation 5: Group \_\_\_\_\_\_\_\_\_\_ Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volume: \_\_\_ Stance: \_\_\_ Emphasis: \_\_\_ Eye Contact: \_\_\_ Content: \_\_\_

TOTAL \_\_\_\_\_ (out of 10)

Presentation 6: Group \_\_\_\_\_\_\_\_\_\_ Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volume: \_\_\_ Stance: \_\_\_ Emphasis: \_\_\_ Eye Contact: \_\_\_ Content: \_\_\_

TOTAL \_\_\_\_\_ (out of 10)

Your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ORAL PRESENTATION RUBRIC

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Presentation 1: Group \_\_\_\_\_\_\_\_\_\_ Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volume: \_\_\_ Stance: \_\_\_ Emphasis: \_\_\_ Eye Contact: \_\_\_ Content: \_\_\_

TOTAL \_\_\_\_\_ (out of 10)

Presentation 2: Group \_\_\_\_\_\_\_\_\_\_ Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volume: \_\_\_ Stance: \_\_\_ Emphasis: \_\_\_ Eye Contact: \_\_\_ Content: \_\_\_

TOTAL \_\_\_\_\_ (out of 10)

Presentation 3: Group \_\_\_\_\_\_\_\_\_\_ Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volume: \_\_\_ Stance: \_\_\_ Emphasis: \_\_\_ Eye Contact: \_\_\_ Content: \_\_\_

TOTAL \_\_\_\_\_ (out of 10)

Presentation 4: Group \_\_\_\_\_\_\_\_\_\_ Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volume: \_\_\_ Stance: \_\_\_ Emphasis: \_\_\_ Eye Contact: \_\_\_ Content: \_\_\_

TOTAL \_\_\_\_\_ (out of 10)

Presentation 5: Group \_\_\_\_\_\_\_\_\_\_ Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volume: \_\_\_ Stance: \_\_\_ Emphasis: \_\_\_ Eye Contact: \_\_\_ Content: \_\_\_

TOTAL \_\_\_\_\_ (out of 10)

Presentation 6: Group \_\_\_\_\_\_\_\_\_\_ Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volume: \_\_\_ Stance: \_\_\_ Emphasis: \_\_\_ Eye Contact: \_\_\_ Content: \_\_\_

TOTAL \_\_\_\_\_ (out of 10)