Presentation Response Sheet

| Speaker's Name: | Topic: | | |
|---|---------------|--------------|------------|
| PRE-LISTENING QUESTION | | | |
| INTRODUCTION | | | |
| The speaker gave important background information. | \square YES | □NO | □ N/A |
| The speaker told the audience the main ideas. | \square YES | \square NO | |
| BODY | | | |
| The body of the talk was well-organized. | \square YES | □NO | |
| The speaker talked about the assigned topic. | □ YES | □NO | |
| The speaker stayed on topic. | \square YES | \square NO | |
| CONCLUSION | | | |
| The speaker signaled the start of the conclusion. | □ YES | □NO | |
| The speaker restated the presentation's main ideas. | □ YES | | |
| The speaker thanked the audience. | \square YES | □NO | |
| The speaker asked for questions. | \square YES | \square NO | |
| Did the speaker answer the audience's questions well? | \square YES | \square NO | □ N/A |
| VOICE QUALITY | | | |
| The speaker spoke loudly enough. | \square YES | □NO | |
| The speaker spoke clearly. | □ YES | □NO | |
| The speaker spoke fluently. | \square YES | \square NO | |
| The speaker spoke naturally from notes. | \square YES | \square NO | □ N/A |
| The speaker read the presentation to the audience. | \square YES | \square NO | |
| BODY LANGUAGE | | | |
| The speaker had good eye contact. | \square YES | □NO | |
| The speaker used visual aids well. | \square YES | \square NO | □ N/A |
| The speaker's timing was: ☐ ON TIME | □ TOO SH | IORT | □ TOO LONG |
| | | | |
| What did the speaker do best in this presentation? | | | |
| | | | |
| | | | |
| What should the speaker work on improving for the n | • | | |
| | | | |
| What question(s) do you have for the speaker? | | | |
| Comments: | | | |
| Comments. | | | |