SPEECH DELIVERY EVALUATION/FEEDBACK FORM

NAME:_____ SPEECH TOPIC:_____

	Needs Improvement >>>>>>>>>>>>>>>>>>>>>>>>Excellent				
1. Sustained eye contact	1	2	3	4	5
2. Used vocal variety/not monotone (includes volume, pitch, pace, tone)	1	2	3	4	5
3. Spoke loud enough/speech flowed Smoothly—not halting	1	2	3	4	5
4. Strong delivery didn't read speech/not note practiced; it didn't sound memorized, conversational style used	1	2	3	4	5
5. Articulated words, good enunciation words correctly	1	2	3	4	5
6. Language clear and appropriate for audience/occasion/topic	1	2	3	4	5
7. Didn't use speech fillers	1	2	3	4	5
8. Gestured appropriately	1	2	3	4	5
9. No distracting mannerisms (i.e. swaying, tapping, rocking, stepping back and forth, fidgeting)	1	2	3	4	5
10. Posture strong and confident (not leaning on podium, standing tall, not hunched over, head down)	1	2	3	4	5
11. Appeared confident and prepared	1	2	3	4	5
12. Met time requirements of at least 3 mins Time:_____	1	2	3	4	5
13. Dress/appearance created positive Image—you "dressed" the part	1	2	3	4	5
14. Visual aid:					
• Usefulness: helped to explain, clarify, create interest, etc.	1	2	3	4	5
• Appearance of visual aid: aids credibility, large enough, professional looking	1	2	3	4	5
• Handling of visual: knew how to use equipment, everyone could see, didn't pass inappropriately around, etc.	1	2	3	4	5

TOTAL POINTS _____/25 points