

Oral Presentation Peer Evaluation Form

Presenter: _____

Date: _____

Evaluator: _____

Key: **1 – Needs Improvement**; 2 – Satisfactory; **3 – Good**; 4 – Excellent

Structure

Was the presentation logically arranged with smooth transitions? 1 2 3 4

Accuracy of findings

Does the information appear to be credible and appropriate for the topic? 1 2 3 4

Presentation/General Impression

Was the information well presented and did it display evidence of thoughtful planning and preparation? 1 2 3 4

Pauses

Were pauses used effectively two or more times? 1 2 3 4

Comprehension

Was the presenter able to accurately answer almost all questions posed by classmates about the topic? 1 2 3 4

Enthusiasm

Did facial expressions and body language generate a strong interest and enthusiasm about the topic in others? 1 2 3 4

Preparedness

Was the presenter completely prepared and has he/she obviously rehearsed? 1 2 3 4

Time Limit

Was the presentation 2-3 minutes long? 1 2 3 4

Speaks Clearly

Did the presenter speak clearly and distinctly all (100-95%) the time, and mispronounce no words? 1 2 3 4

Vocabulary

Was vocabulary usage appropriate for the audience? 1 2 3 4

Uses Complete Sentences

Did the presenter always (99-100% of time) speak in complete sentences? 1 2 3 4

Stays on Topic

Did the presenter stay on topic all (100%) of the time? 1 2 3 4

Posture and Eye Contact

Was the presenter standing up straight, with a relaxed, confident look? Did he/she establish eye contact with everyone in the room? Were hands at their sides? 1 2 3 4

Content

Did the presentation show a full understanding of the topic? 1 2 3 4

Volume/Projection

Was the volume/projection loud enough to be heard by all audience members throughout the presentation? 1 2 3 4

Total Points: _____ (60 total possible points)