Name: _____

	(Make a check in the appropriate column)			
	Good	OK	Needs Work	Comments (include specific problems you noticed)
Topic information Interesting details? Suitable for this audience?				
Introduction Adequate? Attention-getting?				
Organization Clear organizational strategy? Used organization indicator statement(s) when appropriate?				
Flow Smooth, coherent speech flow? Used appropriate connecting devices and topic shift markers?				
Conclusion Adequate? Smooth, not abrupt?				
Eye contact and facial expressions Focus on the audience? Contact with all members of the audience? Friendly facial expression?				
Gestures and other body movements Hands free and expressive? Body posture relaxed rather than stiff? No distracting body movements?				
Voice Good volume? Confident? Relaxed?				
Pace Not too fast or too slow? Smooth rather than halting or hesitant?				

Pronunciation (specific problems)
Other comments
Goals for my next presentation (list 2–3 areas that you want to improve for your next presentation)