

Name _____ Class _____ Date _____

PEER EVALUATION FORM

SPEAKER: _____ TOPIC: _____

Indicate your evaluation by placing an X in the appropriate box following each item.

	Excellent	Above Average	Average	Fair	None
CONTENT	5	4	3	2	1

Attention-getting device					
Clear purpose statement					
Clear organization of ideas					
Effective use of language					
Interesting audiovisual aids					
Selection of main ideas					
Adequate summary					
Closing statement					

DELIVERY

Volume					
Eye contact					
Vocal expression/Tone					
Facial expression					
Poise/Self-control					
Pronunciation/Articulation					

COMMENTS: What I liked most about your speech was _____

If you could improve one element of your speech, I would suggest that you try to _____

