

Presentations Feedback

Name: _____ Date: _____

I. Content

- _____ Opening remarks
- _____ Clarity of content
- _____ Use of specifics — numbers, dates, \$\$, percents
- _____ Transitions between main points and items
- _____ Analogies
- _____ Visuals
- _____ Closing remarks
- _____ Other
- _____ Other

Put a check (✓) next to the areas of strengths and a delta (Δ) next to **one** area for which you can offer a suggestion.

II. Delivery

- | | |
|----------------------------|-------------------------|
| _____ Eye contact | _____ Facial Expression |
| _____ Gestures | _____ Volume |
| _____ Diction | _____ Notes |
| _____ Handling visual aids | _____ Speaking rate |
| _____ Other | _____ Other |

Put a check (✓) next to the areas of strengths and a delta (Δ) next to **one** area for which you can offer a suggestion.

III. Overall strengths of the presentation:

IV. One suggestion that may improve the presentation:

Observer Name: _____