

# Evaluator's Report

Speaker's Name Evaluator

Manual and Assignment Date

Speech Title

| Category                                                                     | Rating <i>(circle one)</i> | Recommendations for Improvement |
|------------------------------------------------------------------------------|----------------------------|---------------------------------|
| <b>Preparation</b><br><i>(Research, organization, rehearsal)</i>             | 1 2 3 4 5                  |                                 |
| <b>Speech Value</b><br><i>(Original, interesting)</i>                        | 1 2 3 4 5                  |                                 |
| <b>Manual Assignment</b><br><i>(Met project objectives)</i>                  | 1 2 3 4 5                  |                                 |
| <b>Opening</b><br><i>(Attention-getting, led into topic)</i>                 | 1 2 3 4 5                  |                                 |
| <b>Body of Speech</b><br><i>(Logical flow, points supported by examples)</i> | 1 2 3 4 5                  |                                 |
| <b>Transitions</b><br><i>(Smooth, easy to follow)</i>                        | 1 2 3 4 5                  |                                 |
| <b>Conclusion</b><br><i>(Effective)</i>                                      | 1 2 3 4 5                  |                                 |

|                                                                                                  |           |
|--------------------------------------------------------------------------------------------------|-----------|
| <b>Voice</b><br><br><i>(Volume, variety)</i>                                                     | 1 2 3 4 5 |
| <b>Language</b><br><br><i>(Appropriate to topic and audience)</i>                                | 1 2 3 4 5 |
| <b>Appearance</b><br><br><i>(Appropriate for occasion and audience)</i>                          | 1 2 3 4 5 |
| <b>Manner</b><br><br><i>(Confidence, assurance, sincerity, enthusiasm)</i>                       | 1 2 3 4 5 |
| <b>Physical Actions</b><br><br><i>(Gestures, body movements, eye contact, facial expression)</i> | 1 2 3 4 5 |