**PEER EVALUATION FORM**

Speaker Name Topic

Overall, what one specific improvement could the speaker make to increase the effectiveness of her/his presentation?

Evaluator’s Name

Date

**EXCELLENT**

**GOOD**

**AVERAGE**

**OKAY**

**POOR**

**SPEECH CONTENT**

Attention Getter

Purpose Statement

Main Ideas (Clear? Strong? Relevant?)

Organization

Use of Language

Conclusion/Summary

**SPEECH DELIVERY**

Conversational Style/Tone

Vocal Clarity, Volume, Pacing

Use of Posture, Gestures, Eye Contact

Use of Visual Aid