

Oral Presentation Evaluation Form

Course: _____ Semester: _____ Date: _____ ID _____

PRESENTATIONAL COMPETENCIES

RATINGS

	6	5	4	3	2	1	0
Topic Choice							
Thesis/Purpose							
Evidence							
Organization							
Language							
Vocal Delivery							
Physical Delivery							
Presentation Aids (if applicable)							

General Comments: _____ **Summative Scores of Eight Competencies:** _____