General Evaluation Form of Public Speaking Experience as Member of Audience



Your Name:

Name of speaker:

Place:

Date: Time of Day:

Occasion: Title or Topic:

<u>In complete sentences with reasons or explanations,</u> please comment on the following areas:

Choice of topic

Interesting? Appropriate?

Introduction

Creates interest?
Previews main ideas?

Body

Sufficient information? New or surprising information?

Forms of support

Are ideas developed? Are points proven?

Organization

Easy to follow?
Moves smoothly from point to point?

Language

Clear? Vivid?

Delivery

Natural? Enthusiastic?

Conclusion

Summarizes main points?
Makes central idea memorable?

Effectiveness

Carries out speaker's purpose? How did the audience react? What did you especially like?