

CPS EDUCATION PROGRAMS
Student Presentation Evaluation Form

Name of Student _____ Title of Lesson _____
 Advisor _____ Methods Course # _____ Course Instructor _____
 Date _____

Directions for evaluation:

Rank the students performance on the following standards on a scale of 1-5, with 5 being outstanding AND 1 being poor. Circle your response.

Lesson Plan Design:

Objectives clearly stated	1	2	3	4	5
Anticipatory Set	1	2	3	4	5
State/District Standards stated	1	2	3	4	5
Materials Needed	1	2	3	4	5
Activates background knowledge	1	2	3	4	5
Provided direct instruction	1	2	3	4	5
Offered guided practice	1	2	3	4	5
Differentiated planning included	1	2	3	4	5
Assessment procedures included	1	2	3	4	5
Independent practice assigned	1	2	3	4	5
Comments about lesson plan design	1	2	3	4	5

Instructional Style:

Clarity of oral presentation	1	2	3	4	5
Good classroom management	1	2	3	4	5
Good rapport with students	1	2	3	4	5
Appropriate "wait time" for student responses	1	2	3	4	5
Checks for understanding from students	1	2	3	4	5

Oral /speech evaluation:

Appropriate tone, articulation, voice level	1	2	3	4	5
Correct oral vocabulary and language structure	1	2	3	4	5
Awareness of audience	1	2	3	4	5
Ability to stay on topic	1	2	3	4	5
Ability to stay within time frame	1	2	3	4	5

_____ Pass _____ Did not pass speech evaluation

Professionalism:

Student is reflective, recognizing strengths and areas needing improvement	1	2	3	4	5
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Comments

 Signature (Evaluator)

 Signature (Student)

*****Please turn in a copy of this with the associated lesson plan to your course instructor AND your academic advisor.**