Oral Presentation Self Evaluation Form

Student Name:

Class:

Presentation Topic:

Date of Presentation:

Please type your responses to the following in the text box provided:

1. Describe one thing that you did well in this presentation.

2. Describe one thing that you would change about your preparation of this presentation.

3. Comment on the content of your presentation: do you feel that you provided your audience with information that they did not know prior to your presentation? Explain.

4. Comment on your eye contact: was it sufficient? Why or why not? If not, how do you plan to improve your eye contact for your next presentation?

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5. Comment on your gestures and movement: were they effective? Why or why not? If not, how do you plan to improve your gestures and movement for your next presentation?

6. Comment on your practice for this presentation: did you practice thoroughly? If you feel that you did not practice thoroughly, how will you modify your practice for your next presentation? Be specific.

7. Please provide an overall assessment of your presentation. Were you satisfied with your presentation? Why or why not?