

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Date: \_\_\_\_\_

## Oral Presentation Feedback Checklist

Presenter: \_\_\_\_\_ Topic: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

	Needs Work	Good	Outstanding
<b>Organization</b>			
1. Report was organized in logical, clear manner.			
2. Report included introduction to preview contents.			
3. Report had conclusion to sum up main ideas.			
<b>Content</b>			
4. Information was accurate, interesting, relevant.			
5. Report used details and facts to support main ideas.			
6. Presenter cited his or her sources of information.			
7. Report covered the assigned topic thoroughly.			
<b>Presentation</b>			
8. Presenter made eye contact, held audience's attention.			
9. Presenter spoke clearly and was easy to understand.			
10. Presentation was well paced and within given time limit.			
11. Presenter used notes appropriately.			
12. Presenter used visual aids effectively.			
<b>Strengths</b>			
<b>Weaknesses</b>			