

Student Presenter	Lesson/Topic	Date
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Circle one for each statement; **written feedback is most helpful.**

Evaluation Scale: **A** **B** **C** **D**
Excellent *Good* *Fair; Area to focus on* *Needs Improvement*

		RATING				COMMENTS
VERBAL	Projects voice	A	B	C	D	
	Varies pitch for interest/emphasis	A	B	C	D	
	Speaking pace	A	B	C	D	
	Effective use of pauses, not excessive	A	B	C	D	
	Pronunciation	A	B	C	D	
	Avoids fillers	A	B	C	D	
BODY LANG	Good eye contact	A	B	C	D	
	Includes whole class	A	B	C	D	
	Balanced gestures	A	B	C	D	
	Appropriate positioning/movement	A	B	C	D	
	Faces audience	A	B	C	D	
ACTIVITY	Uses props, tools, whiteboard/pad	A	B	C	D	
	Engages audience: Questions/activities/sample scenarios	A	B	C	D	
	Conveys enthusiasm/passion	A	B	C	D	
	Listens, repeats/restates	A	B	C	D	
	Maintains control/keeps class on track	A	B	C	D	
	Manages problems	A	B	C	D	
	Uses time appropriately/well-paced	A	B	C	D	
KNOWLEDGE	Comfort with e-Hazard training information	A	B	C	D	
	Knowledge of standards/subject	A	B	C	D	
	Emphasizes key points	A	B	C	D	
	Includes relevant examples/applies training	A	B	C	D	
	Handles questions	A	B	C	D	
	Comfort with technology	A	B	C	D	

Overall Rating for the Presentation: LOW 1 2 3 4 5 6 HIGH

Other Notes/Comments: _____

