**Peer/Family Evaluation: Oral Presentation.**

**Name of presenter**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Topic:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Interest: Did the presentation hold your interest?

Whole Time Most of the Time Sometimes Not at All

3 2 1 0

1. Topic: Did the presenter have a good understanding of their topic?

Whole Time Most of the Time Sometimes Not at All

3 2 1 0

1. Presentation: Were you able to hear the presenter? Did they make eye contact? Did they speak with enthusiasm?

Whole Time Most of the Time Sometimes Not at All

3 2 1 0

1. What was your favourite part of the presentation?
2. Suggestions for Improvement?