



Switch-On Toastmasters Club #4224, Division B

Evaluator _____ Date ____/____/____

Speaker _____ Your Name (opt): _____

As an Evaluation:

ANALYTICAL QUALITY (40%) Carefully analyzed the strengths and weaknesses of the presentation? Comments were clear and logical? Specific strengths and weaknesses noted?

RECOMMENDATIONS (30%) Specific recommendations for improvement offered? Recommendations were practical, helpful and positive, and should enable the speaker to improve his or her next presentation?

TECHNIQUE (15%) Evaluator was sensitive to the feelings and needs of the speaker, while inspiring and encouraging the speaker in his/her future speaking efforts.

SUMMATION (15%) Summarized the key comments and suggestions, while remaining positive and encouraging.

As a Speech: An evaluation is a speech. What did you like about this on and how could it be improved?



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Speaker _____ Date ____/____/____

Title _____ Project _____

Focus on _____ Your Name (opt): _____

AS I SAW YOU

(Approach, position personal appearance, facial expression, gestures, distracting mannerisms)

AS I HEARD YOU

MATERIAL (Content, introduction, body, conclusion, organization)

VOICE (Variety, enthusiasm, sincerity, force, rate, pitch)

AS I REACTED TO YOU

What was the purpose of the speech? _____

Was the purpose achieved? _____

Was the speech interesting? _____

To improve your next speech I suggest that you _____



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BEST SPEAKER

BEST TABLE TOPICS SPEAKER

BEST EVALUATOR

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