General Evaluation Form of Public Speaking
Experience as Member of Audience

Your Name:
Name of speaker:
Place:
Date: Time of Day:
Occasion:
Title or Topic:

In complete sentences with reasons or explanations, please comment on the following areas:

Choice of topic
Interesting?
Appropriate?

Introduction
Creates interest?
Previews main ideas?

Body
Sufficient information?
New or surprising information?

Forms of support
Are ideas developed?
Are points proven?

Organization
Easy to follow?
Moves smoothly from point to point?

Language
Clear?
Vivid?

Delivery
Natural?
Enthusiastic?

Conclusion
Summarizes main points?
Makes central idea memorable?

Effectiveness
Carries out speaker's purpose?
How did the audience react?
What did you especially like?