**PRESENTATION FEEDBACK FORM Name:**

 **Date:**

|  |  |  |
| --- | --- | --- |
| **CONTENT** | Out of 4 | Notes |
| relevant content |  |  |
| logical structure |  |
| timing |  |
| **LANGUAGE**  | Out of 3 | Notes |
| vocabulary (range and accuracy) |  |  |
| grammar (range and accuracy) |  |
| syntax and transitions |  |
| accurate pronunciation and effective intonation |  |
| **PRESENTATION SKILLS** | Out of 3 | Notes |
| delivery (body language, eye contact, fluency, speed, voice) |  |  |
| visuals and their use |  |
| discussion management |  |
| **COMMENTS AND SUGGESTIONS** |

**TOTAL \_\_\_\_\_**