

Presentation Feedback Form

PARTICIPANT NAME

Presentation Subject:

Needs Work--- Bravo!

- Eye contact with audience1 2 3 4 5
- Use of Bible 1 2 3 4 5
- Use of humor 1 2 3 4 5
- Use of examples 1 2 3 4 5
- Use of clear, simple words1 2 3 4 5
- Use of gestures1 2 3 4 5
- Use of notes1 2 3 4 5
- Speed of speaking1 2 3 4 5
- Logical progression of ideas1 2 3 4 5
- Topic narrowed to fit time 1 2 3 4 5
- Sincerity 1 2 3 4 5
- Hopefulness 1 2 3 4 5

Additional Comments

Instructor _____

Date _____