**Feedback Form**

Speaker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Person Providing Feedback\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General comments:

Assign a number to each space with a short comment. (Example: Rate - 2, Too Fast)

|  |  |  |
| --- | --- | --- |
| **Verbal (1-5, 5 is GREAT)** | **Non-verbal (1-5, 5 is GREAT)** | **Vocal (1-5, 5 is GREAT)** |
| Vocabulary | Eye contact | Rate |
| Syntax | Facial Expressions | Volume |
| Logical appeal | Posture | Pitch |
| Use of evidence/sources | Gestures | Articulation |
| Emotional appeal | Movement | Energy level |