LEARNING PORTFOLIO ORAL PRESENTATION EVALUATION

Please provide your anonymous evaluation of the student's oral presentation skills based on a scale of 1 to 5, with 1 indicating a need for serious improvement and 5 indicating remarkable competence. X indicates no comment. The student's advisor will keep his or her own evaluation of the student for the permanent record. All other faculty and student evaluations will be given to the student at the conclusion of his or her presentation.

Semester and year: _____

Name of presenter: _____

ORAL PRESENTATION COMPETENCIES	**1**	**2**	**3**	**4**	**5**	**X**
Content						
Organization						
Preparation						
Pace						
Confidence						
Clarity						
Creativity						
Enthusiasm						
Spontaneity						
Posture						
Voice						
Eye contact						
Use of aids						
Response to questions						

*Please provide the presenter with specific appraisals and suggestions for improvement below:*_____

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