



Seneca County 4-H Program Public Presentation Evaluation

Speech

Name _____ Date _____

Club _____ County _____

Age (as of Jan 1st) _____ # of Previous Presentations (as a C'Bud) _____ (as a 4-Her) _____

Title of Presentation _____

Scoring

| | | | | |
|---|--|--------------------------------------|---------------------------|--|
| Outstanding- No room for improvement 5 | Above expectation for level 4 | Met expectation for level 3 | Needs Improvement 2 | Omitted something essential 1 |
|---|--|--------------------------------------|---------------------------|--|

EVALUATOR'S COMMENTS

DELIVERY

| | |
|--------------------------|--|
| <input type="checkbox"/> | Introduction |
| <input type="checkbox"/> | Gestures |
| <input type="checkbox"/> | Conveys Tone/Mood (inflection) |
| <input type="checkbox"/> | Smoothness/Flow |
| <input type="checkbox"/> | Articulation |
| <input type="checkbox"/> | Appropriate Length |
| <input type="checkbox"/> | Gets Point Across |
| <input type="checkbox"/> | Proper Use of Presentational Aids (if necessary) |
| <input type="checkbox"/> | Conclusion |

SUBJECT

| | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Appropriate for Presentation Level |
| <input type="checkbox"/> | Stimulates Audience Interest |
| <input type="checkbox"/> | Appropriate Understanding of Subject |
| <input type="checkbox"/> | One Main Theme, Logically Organized |
| <input type="checkbox"/> | Content: Documented & Researched |

PRESENTER

| | |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Appearance (appropriate and neat) |
| <input type="checkbox"/> | Eye Contact |
| <input type="checkbox"/> | Voice (Volume & Rate) |
| <input type="checkbox"/> | Posture |
| <input type="checkbox"/> | Poise |
| <input type="checkbox"/> | Enthusiasm |

EVALUATOR'S OVERALL COMMENTS:

Evaluator's Initials: _____