

Public Speaking Communication Skills Evaluation Form

Speaker Name

Date

Topic/Title

Criteria	Excellent	Good	Average	Needs Improvement
Clarity of Speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Usage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivery (Posture, Eye Contact, Voice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strengths Observed

Areas for Improvement

Additional Comments

Evaluator Name