

Virtual Meeting Communication Skills Evaluation Form

Participant Name

Evaluator Name

Date

Evaluation Criteria

Clarity of Speech

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Active Listening

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Engagement/Participation

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Use of Non-verbal Cues

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Time Management

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Technical Skills (use of platform)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Strengths

Areas for Improvement

Additional Comments