

TOASTMASTER SPEAKER EVALUATION FORM

** REMEMBER – Take detailed notes on the back of this form during the speech. AFTER the speech, fill this side out.

SPEAKER:

DATE:

TOPIC:

Positives:

- 1.
- 2.
- 3.

Potential improvements (how to get better at this):

- 1.
- 2.
- 3.

Rate the following (0 being non-existent to 10 being outstanding):

Did the speech have an:

Eye contact _____
Gestures _____
Prepared _____
Effort _____
Time 3-5 minutes? _____
Audiovisual aids _____

Opening Yes No
Body Yes No
Closing Yes No

GRADING SCALE:

12 = A+
10 = A

8 = B
6 = C
4 = D
-10 = F

OVERALL SCORE: _____

(use the grading scale to the left)

EVALUATOR NAME: _____

(Be sure to give this form to the speaker once you are done giving the evaluation.)