

SPEECH & DEBATE
Peer Evaluation Form for Graded Speeches
Ashline

Speaker's Name _____

Evaluator's Name _____

Instructions: For every speech, fill out one of these sheets. Be sure to specifically address one observation for each of the five blanks below as well as your assessment of the topic selected. Try to have at least five positive observations as well as five negative ones. Be very specific. Do not say, "eye contact was good." Instead, say, "the speaker looked consistently around the room to all audience members individually and merely glanced at the notecards on occasion."

Topic Selection: _____

Content:

1. _____
2. _____
3. _____
4. _____
5. _____

Delivery:

1. _____
2. _____
3. _____
4. _____
5. _____