**Inclusive and student centered feedback***The form can be modified for* ***self-evaluation*** *or* ***peer evaluation*** *for oral presentations*

Analyze the following points in ***your/the students*** presentation. Be realistic: critical but not overly pessimistic!

Grading:
X = *I / the student* did really well, even exceeded my expectations
X = *I / the student* did well
X = It went all right
X = *I / the student* did poorly
X = Did not happen at all or *I / the student* did very poorly

|  |  |  |
| --- | --- | --- |
| 1 | ***I / the student*** had prepared and planned the presentation in advance. ­­­­­­­­­­­­­­­­­­­ | Evaluation |
| 2 | ***My / the*** presentation was designed for the audience, offering relevant and interesting content. (Based on the audience’s needs and anticipated previous knowledge)  | x |
| 3 | The structure of the presentation was logical: included a proper introduction, had good transitions between different topics and summary |  |
| 4 | ***I / the student*** had good interaction with all of the audience during the whole presentation (e.g. kept a good eye contact, did not turn the back)  |  |
| 5 | ***I / the student***chose the vocabulary well and used correct terminology |  |
| 6 | ***My / the student’s***pronunciation was clear, understandable and varying  |  |
| 7 | ***My / the student’s***presentation style was professional (non-verbal communication, habitus, not reading from the slides, etc.) |  |
| 8 | ***My / the student’s*** visual aid material were clear, errorless and supported well the content  |  |
| 9 | ***I / the student***was able to keep the audience attention throughout my presentation |  |
| 10 | ***I / the student***was able to control my anxiety and actually felt positive and comfortable throughout the presentation  |  |

Name of the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Overall score: \_\_\_\_\_\_\_\_\_\_

(Optional) Name of the feedback provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_