

## ECE2031 Individual Oral Presentation Evaluation Form

Speaker's Name \_\_\_\_\_

Date of presentation \_\_\_\_\_ Project Advisor/UPCP Faculty \_\_\_\_\_

	<b>Excellent</b>	<b>Good</b>	<b>Adequate</b>	<b>Poor</b>	<b>Failed</b>	<b>Comments</b>
<b>Command of Material</b>	15	12	9	6	3	
<b>Voice Projection</b>	15	12	9	6	3	
<b>Eye Contact</b>	15	12	9	6	3	
<b>Gestures &amp; Posture</b>	15	12	9	6	3	
<b>Confidence</b>	15	12	9	6	3	
<b>Pace</b>	10	8	6	4	2	
<b>Attire</b>	5	4	3	2	1	
<b>Overall Quality of Presentation</b>	10	8	6	4	2	
<b>Total Score</b>	<b>Overall Comments</b>					
<b>/100</b>						