**Tompkins County SPEECH Evaluation Form**

Name___________________________________ Age_____ Date of Birth________________

Address__________________________________________________________________________

Street                                                                          City                                                              Zip

County____________________________________________ Years in 4-H_______________

Number of previous presentations: County_________ District_________ State__________

**Title of Presentation**

Project Area (If applicable)_____________________________________________

**Approximate length of presentation (circle one):**

- 5min.
- 7min.
- 10min.
- 15min.

**Scoring Scale:**

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<th>Outstanding—No room for improvement</th>
<th>Above expectation for level</th>
<th>Met expectation for experience level</th>
<th>Needs Improvement</th>
<th>Omitted Something Essential</th>
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**DELIBERY**

- Introduction
- Gestures
- Conveys Tone/ Mood (*inflection*)
- Smoothness/ Flow
- Articulation
- Appropriate Length*
- Gets Point Across
- Proper Use of Presentational Aids
  - If necessary (i.e. note cards)
- Conclusion

**SUBJECT**

- Appropriate for Age & Experience
- Stimulates Audience Interest
- Appropriate Understanding of Subject
- One Main Theme, Logically Organized
- Content: Documented & Research

**PRESENTER**

- Appearance (neat & appropriate)**
- Eye Contact
- Voice (volume & rate)
- Posture
- Poise
- Enthusiasm

**EVALUATOR’S OVERALL COMMENTS:**

**EVALUATOR’S SIGNATURE:**________________________Time:  start_________end

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Update 5/05

*5 **4