**Name of Video Presenter:**

**Topic of Presentation:**

**Evaluation:**

Presenter’s Self-Evaluation

Peer Review **Name of Peer Reviewer:**

Please use as much space as needed to complete the Feedback portion for each applicable element.

|  |  |
| --- | --- |
| **Element** | **Feedback** What worked well? What could have been more effective? |
| **Development** |  |
| Original Content |  |
| Structure:   * Opening * Body * Closing |  |
| Purpose |  |
| Use of Examples and Data |  |
| **Effectiveness** |  |
| Relevance of Topic to Audience |  |
| Was Purpose Achieved? |  |
| Was Interest Maintained? |  |
| **Physical Presentation** |  |
| Appearance |  |
| Body Language (gestures, expression, etc.) |  |
| Command of Presentation Area |  |
| Use of Visual Aids |  |
| **Voice** |  |
| Volume |  |
| Rate |  |
| Emphasis (pronunciation and enunciation) |  |
| Easily Understood |  |
| **Manner** |  |
| Poise |  |
| Confidence |  |
| Handling Questions |  |
| Facilitating Discussions |  |
| **Presenter’s Self-Evaluation** |  |
| What did you learn from reviewing and evaluating your presentation? |  |
| What will you do differently for your next presentation? |  |