**PEER EVALUATION FORM**

Speaker

Topic

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Content** | **1** | **2** | **3** | **4** | **5** |
| Did the speaker demonstrate a good understanding of the material? |  |  |  |  |  |
| Was the presentation sufficiently organized and easy to follow? |  |  |  |  |  |
| Was the language used at an appropriate level? Did you understand the material?  |  |  |  |  |  |
| **Delivery** | **1** | **2** | **3** | **4** | **5** |
| Did the student speak clearly and maintain your interest? |  |  |  |  |  |
| Did the speaker make good use of physical gestures and eye contact? |  |  |  |  |  |
| Were the visual aids used effectively and easy to absorb? |  |  |  |  |  |

**Comments**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |