Date:__________________     Type of Speech (Circle): Demo Info Pers Impr

Comm 100                          Audience Feedback Form

Speaker:______________________________      Topic:_________________________________

Comments about the introduction (e.g., the attention-getting device, thesis statement, preview of main points, etc.)

Comments about the supporting material (e.g., types of sources, oral footnotes, development of main points, visual aids, etc.)

Comments about the speech organization (e.g., ease/difficulty in following speech, perception about amount of rehearsal done prior to giving the speech, use of transitional statements, etc.)

Comments about the conclusion/summary (e.g., review of main points, closing device, energy level at the end of the speech, etc.)

Comments about the delivery (e.g., eye contact, use of voice, amount of reading from note cards, gestures, pacing, distracting behaviors, diction, etc.)

Student Evaluator's Name (Print Clearly):______________________________