**Peer presentation feedback**

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| **Name of Presenter:** |  |
| **Organisation:** |  |
| **Date:** |  |
| **Peer Assessor:** |  |

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| **Style** | **Comments**  **(including areas to work on)** | |
| Eye contact  * Looking at all members of the   audience, etc |  |  |
| **Gestures**   * Reinforces points naturally * Not fiddling, etc |  |  |
| **Facial expression**   * Appearing to enjoy speaking * Smiling/glum |  |  |
| **Voice**   * Varied volume speed tone * Not too quiet * Too fast or slow |  |  |

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| **Content** | **Comments**  **(including areas to work on)** | |
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| **Beginning**   * Gets audience attention * Announces the structure * Identifies objectives |  |  |
| **Structure**   * Easy to follow * Logical development * Transitions from one section to another |  |  |
| **Methods used**   * Presentation with overheads (appropriate?) * Groupwork/wordstorming/exercises /recording to flipchart (appropriate?) * Handouts |  |  |
| **Ending**   * Conclusive * Review learning * Reviews objectives |  |  |
| **Overall content**   * Objectives/programme achievable in time limit * Confident delivery * Comfortable with material * Appropriate facilitation * Drawing out of learning points |  |  |

**Self-evaluation of peer presentation**