

Sophomore Presentation Evaluation Form

Student Name: _____ LEAP Advisor: _____ Date: _____

| Content | Exemplary 3 | Satisfactory 2 | Poor 1 | Score |
|---|--------------------------|--------------------------|--------------------------|-------|
| Introduction: Strong opening remark, Topic/Purpose of presentation, Advisor mentioned Conclusion: Solid summary of main points, Clear connection to purpose | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Student as a Citizen | | | | |
| Description: In depth description of community service. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Verification: Substantial documentation, evidence given | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Time Requirement: Meets or exceeds time (6-8 min) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Public Meeting: Description, documentation, evidence given | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lessons Learned | | | | |
| Experience: Description of how community service has shaped future goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Learning: Explain what lessons have been learned during community service and how those lessons have shaped you as a person. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Presentation | | | | |
| Delivery: Facial Expressions, eye contact, posture, handling of notes/visual aids, gestures, attire, articulation, rate, and/or emphasis of language accuracy, clarity and verbal appropriateness enhanced the presentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Organization: The presentation shows an organized structure with a beginning, middle and end. A logical development of thought is shown. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Creativity/Personalization: The presentation was made uniquely their own with several visual aids included in their electronic presentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| TOTAL SCORE: | | | | |
| AVERAGE SCORE: (TOTAL SCORE/10) | | | | |
| Time: _____ Did the student make time? ____ Yes ____ No | | | | |
| Did the student receive at least an average score of 2.0? ____ Yes ____ No | | | | |

Panelist Name: _____

Facilitator Name: _____

Comments:

Panelist Signature: _____

Facilitator Signature: _____
