

**TEAM PRESENTATION FEEDBACK FORM**

**TEAM NUMBER:** \_\_\_\_\_

**TOPIC:**  
\_\_\_\_\_

**PRESENTATION QUALITY:**

Team members used appropriate body language (eye contact; seemed comfortable and natural)?	Yes	No	Somewhat
Team members spoke clearly and seemed confident?	Yes	No	Somewhat
Team members expressed ideas effectively and cohesively?	Yes	No	Somewhat
Team members used good time management?	Yes	No	Somewhat
Team members had good transitions between speakers?	Yes	No	Somewhat
Team members demonstrated strong communication skills?	Yes	No	Somewhat
Team members appear to be well-planned and organized?	Yes	No	Somewhat
The team demonstrated creativity through their presentation & visuals?	Yes	No	Somewhat
Team members captured the audience's attention?	Yes	No	Somewhat
You felt this presentation was informative and interesting?	Yes	No	Somewhat

Indicate something you liked about the presentation?  
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 \_\_\_\_\_  
 \_\_\_\_\_

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