

PERFORMANCE RATING FORM - SELF

We would like you to rate yourself on the features listed below. For each feature, please circle the appropriate number to indicate how you felt you actually performed. Please answer as honestly as you can - your evaluation will remain completely confidential.

Your name: _____

Date: _____

	not at all	slightly	moder- ately	much	very much
Content was understandable	0	1	2	3	4
Kept eye contact with audience	0	1	2	3	4
Stuttered	0	1	2	3	4
Had long pauses (more than 5 seconds)	0	1	2	3	4
Fidgeted	0	1	2	3	4
"Um"ed and "Ah"ed	0	1	2	3	4
Had a clear voice	0	1	2	3	4
Seemed to tremble or shake	0	1	2	3	4
Sweated	0	1	2	3	4
Blushed	0	1	2	3	4
Face twitched	0	1	2	3	4
Voice quivered	0	1	2	3	4
Appeared confident	0	1	2	3	4
Appeared nervous	0	1	2	3	4
Kept audience interested	0	1	2	3	4
Generally spoke well	0	1	2	3	4
Made a good impression	0	1	2	3	4

PERFORMANCE RATING FORM - OTHER

We would like you to rate the speaker you just heard on the features listed below. For each feature, please circle the appropriate number to indicate how you felt they rated. Your evaluation will remain confidential.

Your name: _____ Speaker: _____ Date: _____

	not at all	slightly	moder- ately	much	very much
Content was understandable	0	1	2	3	4
Kept eye contact with audience	0	1	2	3	4
Stuttered	0	1	2	3	4
Had long pauses (more than 5 seconds)	0	1	2	3	4
Fidgeted	0	1	2	3	4
"Um"ed and "Ah"ed	0	1	2	3	4
Had a clear voice	0	1	2	3	4
Seemed to tremble or shake	0	1	2	3	4
Sweated	0	1	2	3	4
Blushed	0	1	2	3	4
Face twitched	0	1	2	3	4
Voice quivered	0	1	2	3	4
Appeared confident	0	1	2	3	4
Appeared nervous	0	1	2	3	4
Kept audience interested	0	1	2	3	4
Generally spoke well	0	1	2	3	4
Made a good impression	0	1	2	3	4