



Name: \_\_\_\_\_



# PEER PRESENTATION FEEDBACK FORMS

## INFORMATION

DID THEY TELL YOU EVERYTHING ABOUT THE CLUB

## Flyer

DID THE FLYER HAVE ALL OF THE INFORMATION AND LOOK NICE WITH COLOR'S

## EYE CONTACT

Did the presenter look at the audience and make eye contact?

## SMILE

DID THE PRESENTER SMILE WHILE THEY WERE PRESENTING

Student Name: \_\_\_\_\_

Circle the number of how you felt this group did, with 1 being the lowest to 5 being the highest.

INFORMATION    1    2    3    4    5

FLYER    1    2    3    4    5

EYE CONTACT    1    2    3    4    5

SMILE    1    2    3    4    5

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