

**The Preaching Class Workshop Helpful Feedback**

SPEAKER:

DATE:

TOPIC:

**What I Liked Best About Your Speech**

**My Suggestions of Where & How to Effectively Improve:**

**Rate the following (0 = non-existent, 5 = outstanding)**

Eye contact \_\_\_\_\_  
Gestures \_\_\_\_\_  
Vocal Variety \_\_\_\_\_  
Clarity of Point \_\_\_\_\_  
Use of Scripture \_\_\_\_\_  
Comfort Level \_\_\_\_\_

**Did the speech have:**

Opening	Yes	No
Body	Yes	No
Closing	Yes	No

EVALUATOR NAME (Optional): \_\_\_\_\_

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