Name:

Student number

Date

Student assessor

***Presentations skills Rubric***

|  |  |
| --- | --- |
| Criteria |  |
| Opening and closing |  |
| Use of voice and spoken language |  |
| Eye contact and body language |  |
| Slides |  |
| Structure and timing |  |
| Answering questions |  |
| Convincing |  |
| **Feedback**  **TOP**  **TIP** | |