


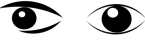




Name: _____

Group: _____

AUDIENCE FEEDBACK: PRESENTATION CHECKLIST







- ___ Everyone participated in the presentation 
- ___ Everyone knew their part 
- ___ Everyone could be heard 
- ___ Everyone used eye contact 
- ___ Everyone demonstrated body control & used movement with purpose 
- ___ The group used video and/or photos from their portfolio 

A suggestion for making the presentation even better:

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