

NAME _____ DATE _____

Active Listening Feedback

Presenter's name: _____

Content

What is the presenter's purpose? _____

What is the presenter's main point? _____

Do you agree with the presenter? Why or why not? _____

Form

Did the presenter use a clear, loud voice? ☐ yes ☐ no Did the presenter make eye contact? ☐ yes ☐ no

One thing I really liked about the presentation:

One question I still have:

Other comments or notes: