



Extended Project Oral Presentation Record Form

Pearson

Learner Name _____

Learner number _____

Centre Name _____

Centre Number _____

Project Title _____

Date _____

Band placement						
Content	Low 1	High 1	Low 2	High 2	Low 3	High 3
	How clear are the main ideas?	Comments:				
Organisation	Low 1	High 1	Low 2	High 2	Low 3	High 3
	How clear and logical is the structure? Do the different parts of the presentation link together?	Comments:				
Pace	Low 1	High 1	Low 2	High 2	Low 3	High 3
	Is the presentation well paced?	Comments:				
Voice	Low 1	High 1	Low 2	High 2	Low 3	High 3
	Is the presentation clearly audible? Does the presenter avoid simply reading the presentation aloud?	Comments:				
Visual aids	Low 1	High 1	Low 2	High 2	Low 3	High 3
	If visual aids are used, are they relevant and consistently effective in supporting the presentation? Are they clearly visible and not over-crowded with too much information?	Comments:				
Contact with audience	Low 1	High 1	Low 2	High 2	Low 3	High 3
	Does the presenter engage well with the audience and hold their attention?	Comments:				
Handling questions	Low 1	High 1	Low 2	High 2	Low 3	High 3
	Does the presenter handle questions calmly and confidently? Are they answered clearly and insightfully, in a way which shows good subject knowledge?	Comments:				
Strengths of the presentation	AO4 Mark Awarded:					
Signed (Teacher/assessor):	Position:					