

# Rubric for a Speech

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Related Expectations: \_\_\_\_\_

Evaluated by:                      Teacher                       Peer                       Self

Criteria	Level 1	Level 2	Level 3	Level 4
<b>Presentation</b> <ul style="list-style-type: none"> <li>▪ clarity and projection</li> <li>▪ posture</li> <li>▪ eye contact</li> <li>▪ confidence</li> </ul>	<input type="checkbox"/> limited projection; unclear <input type="checkbox"/> little eye contact and poor posture demonstrate little confidence	<input type="checkbox"/> adequate projection; some clarity <input type="checkbox"/> some eye contact and satisfactory posture demonstrate some confidence	<input type="checkbox"/> good projection; generally clear <input type="checkbox"/> good eye contact and posture demonstrate confidence	<input type="checkbox"/> excellent projection; very clear <input type="checkbox"/> consistent eye contact and excellent posture demonstrate high level of confidence
<b>Topic</b> <ul style="list-style-type: none"> <li>▪ appropriateness</li> <li>▪ originality</li> <li>▪ research</li> </ul>	<input type="checkbox"/> limited appropriateness and originality <input type="checkbox"/> research is limited	<input type="checkbox"/> somewhat appropriate for the audience and somewhat original <input type="checkbox"/> some research is demonstrated	<input type="checkbox"/> topic is appropriate for the audience and original <input type="checkbox"/> well-researched	<input type="checkbox"/> topic is very appropriate for the audience and highly original <input type="checkbox"/> thoroughly researched
<b>Originality</b> <ul style="list-style-type: none"> <li>▪ creativity of ideas</li> <li>▪ use of gestures</li> <li>▪ interesting tone and facial expression</li> </ul>	<input type="checkbox"/> little evidence of creativity and originality <input type="checkbox"/> limited use of gesture, tone and facial expression	<input type="checkbox"/> some evidence of creativity and originality <input type="checkbox"/> some use of gestures, change in tone and facial expression	<input type="checkbox"/> good evidence of creativity and originality <input type="checkbox"/> good use of gestures, change in tone and facial expression.	<input type="checkbox"/> very creative and highly original <input type="checkbox"/> excellent and appropriate use of gestures, change in tone and facial expression
<b>Use of time</b>	<input type="checkbox"/> limited use of time	<input type="checkbox"/> adequate use of time	<input type="checkbox"/> good use of time	<input type="checkbox"/> excellent use of time
<b>Additional criterion</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments and Suggestions for Improvement:**