**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Speaking Diagnostic: Introductory Speech**

1. **Confidence**
2. **Quality**
3. **Eye Contact**
4. **Enthusiasm**
5. **Comfort/Relaxation**

|  |  |
| --- | --- |
| **What you did well:** |  |
| **What you need to work on:** |  |
| **Diagnosed Filler or nervous movement:** |  |

**Comments:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Speaking Diagnostic: Introductory Speech**

1. **Confidence**
2. **Quality**
3. **Eye Contact**
4. **Enthusiasm**
5. **Comfort/Relaxation**

|  |  |
| --- | --- |
| **What you did well:** |  |
| **What you need to work on:** |  |
| **Diagnosed Filler or nervous movement:** |  |

**Comments:**