

**PROJECT EVALUATION CARD**

Educational Path <b>Basic Path</b>		Project Number and Title <b>Inconvenient Allies</b>	
Project or Speech Title		Speaker	
Evaluator	Club name (or location/venue if not in a club setting)	Date	
Additional or specific goals of the speaker			
Allotted Time 5-7 min	Actual Time	Do you believe the project educational goals were met? <input type="checkbox"/> Yes <input type="checkbox"/> A few were missed <input type="checkbox"/> Incompletely <input type="checkbox"/> No	

<i>What kind of microphone did the speaker use?</i>
<i>Which tests and activities did the speaker do before the start of the meeting to ensure that all the equipment was in working condition?</i>
<i>How did the speaker sound through the microphone?</i>
<i>Were there any distracting sounds or volume or pitch variations due to the usage of a microphone?</i>
<i>How was the body language of the speaker, considering that he had to be holding the microphone?</i>
<i>Were there any distracting gestures used by the speaker with the microphone?</i>
<i>How could the speaker improve his use of the microphone?</i>