WHAT IF? HISTORY PROJECT EVALUATION FORM

DO NOT WRITE YOUR NAME ON THIS SHEET!

Names of Presenters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How well do you think this group followed instructions for this presentation?

1. Poorly 2) Okay 3) Well 4) Great

* How good of a job did this group do at presenting (speaking clearly, not reading their notes, standing straight)?

1. Poorly 2) Okay 3) Well 4) Great

* How thoughtful and well-researched was this presentation (events made sense, evidence well-sourced)?

1. Poorly 2) Okay 3) Well 4) Great

TOTAL NUMBER OF POINTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (10 or more an A; 9 is an B; 6-8 is a C; 5 or below is F)

Write one thing you particularly liked about this presentation:

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