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| **Glen Abbey Toastmasters Evaluation** |
| Speaker Name: | Date: | Your Name: |
| Speech Title: | Speech Number: | Manual: |
| Content |
| Organization |
| Delivery |
| Suggestions |
| Triad? | Transitions? | Enthusiasm? | Sincerity? | Passion? | Gestures? | Body Movement? | Expressions? | Eye Contact? | Vocal Variety? |

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