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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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