

SELF-EVALUATION FORM

Name: _____

Date: _____

CATEGORY		IMPROVED	NEEDS WORK	COMMENTS
OVERALL	I appeared confident			
	My energy was high, but focused			
	I appeared attentive and interested			
	I was framed well			
	Lighting was adequate			
	Background is neat and supportive			
	Easy to hear and no distractions			
EYE CONTACT	Made direct eye contact 70%+ time			
	Eye contact was natural and relaxed			
	Finished my thoughts in camera			
	Looked at the camera when listening			
	Checked listener body language no more than every 30 seconds			
FACE	Good variety in facial expressions			
	Facial expressions matched my words			
	Expressed emotion with my eyes			
	Expressed emotion with my mouth			
BODY	Good variety in body language			
	Gestures were slow and precise			
	Most gestures were within frame			
	Gestures and movement supported my message			
Where I improved the most:				
Where I could improve:				
Specific things I could do to improve:				