## **Oral Communication Lab**

## **Instructor Feedback Form**

To (profe	essor):	
CC (stud	ent):	
Date:		
	confirm that the student named below had a conference today at the Oral ication Lab.	
First Nan	ne:	
Last Nan	ne:	
Class yea	nr:	
	First-year Sophomore	
	Junior Senior	
Department: Course Number:  Course Name/Title:  Type of assignment:		
(Assignment detail if other):		
	ent was prepared with the following:	
	general plan	
	general idea of content	
	specific thesis, research question or objective	
	specific main points or arguments	
	supporting material	
	audiovisual media (PowerPoint, video clips, etc.)	
	complete presentation	
	nothing. The student was unprepared for this conference.	

	thesis or objective	
	organization	
	supporting material	
	audiovisual media	
	delivery (vocal and bodily expression)	
	language (appropriateness, clarity, verbal imagery, etc.)	
Comments:		
Consultant:		

The OCC consultant gave advice or comments on the following: