

Evaluation Sheet

You are in	<input type="checkbox"/> Form 7 _____	<input type="checkbox"/> Form 8 _____	<input type="checkbox"/> Form 9 _____	Form 10 _____
Level of English	<input type="checkbox"/> E2 (A1)	<input type="checkbox"/> E1 (A2)	<input type="checkbox"/> G (B)	

Names of students: _____

Topic: _____ Date: _____

	Positive aspects	Tipps
Preparation		
Presentation (interactive)		
Media used		
Pronunciation		
Grammar / vocabulary		
Handout		
Quiz		

Final Grade / Individual Grades: _____