

Name \_\_\_\_\_

Date \_\_\_\_\_

## Oral Presentation Peer Rubric

Teacher: \_\_\_\_\_

Lesson/Topic: \_\_\_\_\_

Date: \_\_\_\_\_

**Rating Scale:**

(1) Could be improved

(2) Good work

(3) Super job!

Student/Group Name	Expresses ideas clearly (Use rating scale)	Uses transition words or vocabulary terms (Use rating scale)	Includes important and correct information (Use rating scale)	Notes or comments