GENERAL PRESENTATION
ASSESSMENT SHEET
LEVEL 4 PRACTICAL
EXAMINATION



PROPOSED MARK

(The work has been subject to UCB moderation procedures and is subject to ratification by the Examination Board)

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| Title of presentation: Title | Student's name: | Venue: | | | | | |
|--|--|--------------|-------------------------|------------|-------|-------------|--------|
| naterials Description of ideas Descripti | Date: | Time: | | | | | |
| Content Uses literature to support points made Uses videas and principles Links to industry/vocational practice Understands key ideas and principles Links to industry/vocational practice Compares and contrasts different ideas or issues Appropriate judgments /decisions are made Conclusions and recommendations flow from the discussion Sources are acknowledged using UCB referencing standards Clear structure and flow Address the assignment's questions/tasks. Presentation skills Uses of language results in clear communication of ideas Clarity, projection, pitch and tone of voice Self-presentation, eye contact and positive body language Keeps to timings Appropriate response to questions Quality and design of presentation materials Quality and design of supporting materials | Title of presentation: | Exceptional | Excellent (first class) | good (2:1) | (2:2) | (3rd class) | below% |
| Introduction Uses literature to support points made Understands key ideas and principles Links to industry/vocational practice Compares and contrasts different ideas or issues Appropriate judgments/decisions are made Conclusions and recommendations flow from the discussion Sources are acknowledged using UCB referencing standards Clear structure and flow Address the assignment's questions/tasks. Presentation skills Uses of language results in clear communication of ideas Clarity, projection, pitch and tone of voice Self-presentation, eye contact and positive body language Keeps to timings Appropriate response to questions Quality and design of supporting materials Quality and design of supporting materials | Content | | | | | | |
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| Overall Comments and specific recommendations for improving work: | work: |
|---|-------|
| Areas of Strength | |
| | |
| Areas for Improvement | |
| Grade: | |
| Assessor's signature: | Date: |