

Southern Lights Toastmasters Accomplished Leader Program

Timer

Note to evaluator:

Review the Evaluation Criteria ahead of time so that you are familiar with the requirements for a particular role. Some criteria only require a Yes or No answer. Most other criteria require a rating on a sliding scale from 1 = low, to 5 = high. Provide any written remarks in the comment section provided below the evaluation box.

This is a fillable form: Right click mouse to open a dialogue box > select Save As and save form to a Folder of your choice. To type in a box, hover the mouse over the shaded area and left-click to select. To select the appropriate 'Evaluation criteria' response, hover the mouse over the shaded button and left-click to select. After this evaluation is complete, email the form to the person you are evaluating.

Note to member:

After receiving this evaluation, print and retain with your Accomplished Leader manual. Record the date of the evaluation on the Project Completion Record.

Timer

Evaluation scale: 1 = low — 5 = high

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|--|-------------------|------------------|----------------|-------------------|------------------|
| Role | Date | Evaluator's name | | | |
| Timer | | | | | |
| Evaluation criteria | | | | | |
| Logged-on early | Yes | No | | | |
| | | | | | |
| Tested visual signals/cards | Yes | No | | | |
| Evaluation criteria | Developing | Emerging | Skilled | Proficient | Excellent |
| Explained role start of meeting | 1 | 2 | 3 | 4 | 5 |
| Used visual signals/cards appropriately. | 1 | 2 | 3 | 4 | 5 |
| Appropriate report to GE: <i>Start time. Table Topic speaker synopsis. Prepared speakers and evaluator times.</i> | 1 | 2 | 3 | 4 | 5 |
| Provided report within time guidelines | 1 | 2 | 3 | 4 | 5 |

Comment: