

Speaker Appraisal

Instructions to the Leadership Team:

Please take time to answer each question thoughtfully. This form will assist Regional Speaker Trainers and Stonecroft Leadership in evaluating and maintaining excellent Speakers. Please do not have this form visible during the outreach meeting.

Mail: Print the form, complete and mail to the Regional Speaker Trainer for your region. If there is no RST, mail to your Representative.

Date	of Meeting			
Nam	e of Group			
Nam	e of Speaker			
Spea	ker Address			
City _	State/Province	Zip		
Telep	phone ()			
E-ma	il			
1.	Type of Talk: ☐ Personal Story ☐ Workshop ☐ Top	ical		
	\Box Interview \Box Drama \Box Interactive \Box Musical \Box C	Other		
2.	Would you personally invite a neighbor who does not	know Je	esus	
	Christ to hear this Speaker?	\square YES	\square NO	
3.	Did the Speaker meet your expectations?			
	□ Exceeded □ Met □ Did not Meet			
4.	Did the Speaker exhibit good public speaking skills an	d prese	nt her/	
	himself well?	☐ YES	□NO	
5.	Did the Speaker clearly and simply present the Gospel, telling what			
	Christ has done for us through His death and resurred	tion?		
		☐ YES	□NO	
6.	Did the Speaker have an effective closing, giving oppo	rtunity	to	
	pray and receive Christ?	□ YES		
7.	Did the Speaker keep from over-emphasizing habits and events			
	in her/his background, naming specific churches or re	•		
	promoting controversial issues?	□ YES		
8.	Did the Speaker keep from over-promoting any outside project, cause,			
	campaign, business interest, financial need, or person	al book	s and	
	seminars?	☐ YES		
9.	Did the Speaker stay within an appropriate time frame			
	style of presentation?	□ YES		
10.	Was the Speaker timely in correspondence and arriva	l at the	event?	
		☐ YES		
11.	Did the Speaker connect with the audience; was he/she available			
	for conversation with guests as they departed?	☐ YES	□NO	

Please share any excellent results from the event here:

Please note explanations of NO answers here: