Oral Storytelling Viewer Feedback

Storyteller:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Story Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| Viewer’s Name | Was their voice expressive? | Did they use body language/gestures to enhance their story? | Did they use different character voices? | Did they keep your interest? | Did their story have a beginning, middle and an end? |
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Write your name in the first column.
Then place a dash **I** on each line to represent
your answer to each question.

Somewhat,
some of the time

Very, all of the time, effectively