Use the squares below to get feedback from classmates to improve your presentation.

|  |  |  |  |
| --- | --- | --- | --- |
| Group member name: |  | |  |
| Where can details be added? |  | |  |
| What motions can be enhanced or included? |  | |  |
| What can be removed or shortened? |  | |  |
| Where can the story / information be improved? |  |  | |

Show & Tell 2 Peer Rehearsal

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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