

From: **Student #1 LACC**  
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This second example covers all parts of the peer evaluation.

Persuasive Speaker Evaluation: Student#2

1. Monroe's Motivated Sequence

ATTENTION

Student#2 gained the classes attention with an effective attention getter, a startling fact. She said that at any time there are about 80,000 homeless people in LA (David Snow, UC Irvine, 2004). Student #2's information reminded me that homeless people are around and we should be concerned about their situation and welfare. I did not hear her thesis during the attention area.

NEED

Student #2's first point stressed that two communicable diseases, tuberculosis (TB) and HIV, are troublesome issues for the homeless. Then she defined "communicable diseases" and explained indirect and direct transmission. She continued with the first of three visual aids to focus on how indirect transmission works. She also stated that (surprisingly) TB spreads at the rate of one person every second.

Disappointingly, Student #2 transitioned to her the second problem of the high cost of medication by apologizing when she lost her place. She said the average cost of tuberculosis is about \$12,000 for each patient (per year, I assume). Shortly thereafter, she introduced her next visual aid, which listed the costs per month estimates for HIV medication. Unfortunately, she forgot and then became distracted after she could not remember what the acronym of her visual aid's source stood for. Then she showed the HIV medication regimen visual aid.

SATISFACTION

Student #2 moved onto explaining our local resources for the homeless, focusing on the LA free clinic. She cited that the LA Free Clinic offers several medical services. The clinic operates, relying heavily on volunteers. I was able to decipher this, but during this portion her speech weakens and becomes strained.

VISUALIZATION

I could not distinguish a distinct "visualization" that noted negative and positive consequences of her proposal. I would say it was missing entirely.

## ACTION

STUDENT #2 transitioned declaring that we should support the LA Free Clinic because "more services means more treatment." Furthermore, since we understand the "issue" of homelessness, we should be moved to make a donation. To where, she does not say, until during the question-and-answer section. STUDENT #2 wants us to donate clothes and furniture to support the homeless people's situation. Again, she did not elaborate where we ought to donate clothes and furniture.

## 2. Credibility

### SPEAKER-AUDIENCE CONNECTION

In the attention portion, STUDENT #2 assumes that we have probably encountered homelessness here on LACC's campus or in our communities. She drove the point home by noting that we all have had an experience with or have seen a homeless person in LA.

### SPEAKER-TOPIC CONNECTION

Also in the attention area, STUDENT #2 reminds us that her medical career and position both makes homeless people's health care an important concern.

## KNOWLEDGE

Her source citation was good. It was diverse but not always correctly cited. She still looked like a credible, researched speaker. It included...

- (1) David Snow at UC Irvine, 2004: 80k people are homeless in LA
- (2) I heard no citation for the definition of "communicable disease." (Did I miss it?)
- (3) World Health Organization: TB spreading at a rate of one person every second. I noted that she did not give a date.
- (4) Kim Finer in "Deadly Diseases/Epidemics: Tuberculosis": visual aid depicting the indirect transmission of a communicable disease. STUDENT #2 did not include a date on the aid.
- (5) Dr. Bernard Pecoul, Infectious Diseases (?): the average medication for TB costs \$12,000 for each patient (per year, I assume). I did not note a date. Perhaps I just missed it?
- (6) PMPRB website: cost per month estimates for HIV medication visual aid. She did not note a date.
- (7) PMPRB website: HIV medication regimen visual aid. Still no date.
- (8) Jocelyn Stuart, 2004: LA free clinic offers diverse medical services. Did I miss the source?

## VISUAL AID

STUDENT #2 used three different visual aids, all of which I could not see. Unfortunately, she blocked half or

the entire visual aid. She has done that in all of her previous speeches that used a visual aid. Her first one was arguably the best. She had a colorful and glittery words and a drawing that highlighted four indirect transmissions of communicable diseases. It was visually appealing. However, I think that it was not as necessary to "show" how people get sick. I think everyone in the class understands how the transmission of "communicable" illnesses occurs from her definition.

Her next visual aid was the cost per month estimates for HIV medication. While it was a large document (the size of her poster board), there was too much information. STUDENT #2 should have streamlined her information to include only the most important. Also it was bland (printed on canary yellow paper) with nothing to denote the essential information and make it stand out. If you could see the visual aid, the highlighted medications were from \$1100-1700. Very expensive! I could not afford that and I have a home.

Student #2's final visual aid showed the costs per day of HIV medication regimens on ledger-sized paper, which was disproportionately smaller than her poster board. Highlighting is not enough; she needed the relevant information to be blown up to poster size too. Also the professor noted that she could have chosen to show a range of the cost of medication, from the most expensive to the least.

#### Q&A

In this section, the group members as a whole did well to answer most of the questions. Specifically, STUDENT #2 restated and informed us that she works close to the campus at Hollywood Presbyterian, where she often encounters homeless. Sometimes a person stops in, only looking to satisfy basic safety needs, i.e. shelter and food. Professor Kahn noted afterwards that adding a human element to her speech would have strengthened her appeal. I agree. She would have better utilized the emotional appeal, which is undoubtedly an issue that homeless pose in our communities. More importantly, her stories could have put a face on the problem of homelessness.

#### 3. Verbal

##### VOCAL VARIETY

STUDENT #2 continues to have a steady pace that is easy to follow. Unfortunately, during the middle of the speech, her tone seems almost monotonous or at least expressionless. What happened to her enthusiasm? She excitedly grabs our attention and lays out the problem. Finally, she declares persuasively what we can do to help. The seriousness and the breadth of the problem necessitate immediate assistance or at least concern. Where was her enthusiasm during the satisfaction and visualization interim?

#### 4. Nonverbal

##### EYE CONTACT

STUDENT #2 improved immensely in this area. She seemed to be looking at us about 75% of the time! She still looked down and around but still it was less often than in her previous speeches. I felt she wanted the audience to be more interested and attentive because of the importance of the problem and her good eye contact.

##### BODY GESTURES

She still limits herself to standing still with few motions almost like a stick figure. (This is an exaggeration.) She could liven up her speech with directed movement around the front of the classroom, leaving her comfort zone.

#### 5. Greatest...

##### GREATEST STRENGTH

Her ultimate strongest area was establishing the need, followed by the attention and call to action. She spent the most time (almost to her downfall) on the need, in part, because she had so many visual aids all during that segment.

##### GREATEST WEAKNESS

She failed to convey the visualization portion at all. Student #2's other weak point was her quick satisfaction sequence. Problems are important but so are their solutions.

##### GREATEST IMPROVEMENT

Eye contact! I got the sense that she lost some apprehensive feelings that she began with in the class, which was apparent in all her other speeches.

##### COMMENTS

I am proud to see Student #2's growth when she speaks. I believe she is beginning to consider public speaking as an "enlarged conversation." She is comfortable talking in class and to classmates. If she continues to practice, she will carry this confidence over to the public speaking field. (We all have butterflies in our stomachs!)

I like that when she speaks, she does so with informality. She is formal enough for a class presentation but does not sound bookish like a research paper. I could learn something from her approach to speaking.

She also brings her passion to from her career to the subjects that affect us all. This is another asset.

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Include original message in reply

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GRADE PROJECTION

I would give her a B+. She gave an A effort. However, her source citation needs to be a bit closer to 100%; every person/organization deserves his/her/its due credit. Also, her visual aids were not quite where they needed to be, which is more colorful and larger. Her eyes no longer wander and the contact passed the 50% threshold. Unfortunately, she ran quickly through the satisfaction sequence and brushed off the visualization sequence. In fact, that is the major reason why I would not grade her as an A-.

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