Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Speech: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time Length Requirement:\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Record yourself reading from paper.** | **Times/Length of Speech** | **After listening to recording … how can you improve?**  ***(add, take away, slow down, var inflection, change content, etc.)*** | **Must Keep?**  **(ex. Loved conclusion quote!)**  ***(optional)*** |
| **Take 1** |  |  |  |
| **Take 2** |  |  |  |
| **Take 3** |  |  |  |
| **Take 4** |  |  |  |
| **Take 5** |  |  |  |
| **Take 6** |  |  |  |
| **Take 7** |  |  |  |
| **Take 8** |  |  |  |
| **Take 9** |  |  |  |
| **Take 10** |  |  |  |

***\*This is the MINIMUM number of recordings for this presentation. Continue to record and edit if needed.***