



Public Speaking Resource Center

Department of Communication
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Detroit, MI 48201
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Instructor Referral Form

Instructor Referral Date

1.	Student's First Name	Last Name
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2.	Instructor's Name	Section No.
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Anticipated Date of Speech

CONSULTATION FOCUS. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Topic Selection | <input type="checkbox"/> Audience Analysis |
| <input type="checkbox"/> Gathering Support Material | <input type="checkbox"/> Using Support Material |
| <input type="checkbox"/> Outlining Speech | <input type="checkbox"/> Editing Speech |
| <input type="checkbox"/> Using Words Well | <input type="checkbox"/> Extemporaneous Delivery |
| <input type="checkbox"/> Designing Presentational Aids | <input type="checkbox"/> Utilizing Presentational Aids |
| <input type="checkbox"/> Introducing Speech | <input type="checkbox"/> Concluding Speech |
| <input type="checkbox"/> Organization of Speech | <input type="checkbox"/> Transitioning |
| <input type="checkbox"/> Oral Crediting | <input type="checkbox"/> Vocal Delivery |
| <input type="checkbox"/> Gestures and Movement | <input type="checkbox"/> Designing Speaker Notes |
| <input type="checkbox"/> Other: | |

ADDITIONAL INFORMATION.
