

<b>REGISTRATION SHEET</b>						SUM
ID:..... DATE.....						
DOMINANT	Drastic gestures		Continuous speech		Aggressive questioning	
	Loud voice		Parallel speech		Restart	
	Closure		Interruption		Exit	
COOPERATIVE	Discussion		Affirmation		Guiding	
	Explanation		Illustration		Support	
	Responding		Clarification		Questioning	
NEUTRAL	Hesitation		Fading sentence		Unanswered question	
	Following		Silence		Justification	
	Long, complex sentences		Acceptance of new ideas		No reaction to being addressed	
GENERAL	Speech		Idea that moves forward		Idea that fades away	
Comments:						
						Evaluator:.....