Sample Informative Speeches

Informative Speech Discussion Questions

**CPR**
- Did this speech have a complete introduction?
  - Did the speaker gain the audience’s attention? How so?
  - Did the speaker establish credibility? How so?
  - Did the speaker tell the audience why they should listen?
  - Did the speaker preview the main points?
- What were the main points?
- What organizational pattern was used?
- Did the organizational pattern make sense?
- What types of supporting materials were used?
- Did this speech have a complete conclusion?
  - Did the speaker provide a sense of closure?
  - Did the speaker summarize the main points?
  - Did the speaker end with a clincher or motivating statement?
- What did you like about this speech?
- What improvements would you make?

**Heimlich**
- Did this speech have a complete introduction?
  - Did the speaker gain the audience’s attention? How so?
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  - Did the speaker end with a clincher or motivating statement?
- What did you like about this speech?
- What improvements would you make?

**Sign Language**
- Did this speech have a complete introduction?
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- What did you like about this speech?
- What improvements would you make?
Imagine this: You're at home enjoying dinner with your family when you glance around the table and notice that your uncle suddenly has a painful and terrified look in his eyes. He grabs his chest and moments later falls to the floor, unconscious. Would you know how to handle the situation while everyone around you was panicking? Would you know that your uncle was probably suffering from a heart attack and needed cardiopulmonary resuscitation, or CPR?

As a lifeguard, I was required to become certified in CPR, and I have been certified for four years. In an emergency, it is not your job to treat the illness, but you are to keep the victim alive until trained medical professionals can come and take over for you. Tonight I want to explain to you the lifesaving process of surveying an emergency, contacting an emergency medical service, and starting CPR if needed. Let's start with the first step of surveying an emergency.

According to the American Red Cross, the first step in any emergency is to survey the scene. The most important thing to remember in administering first aid is to make sure you and the victim are safe—you don't want to put yourself or the victim in any more danger. If it is safe to proceed, and the victim is not moving, check the victim for responsiveness. Call the victim's name if you know it. Shake him or her and ask if he or she is okay. Then call for help.

Now that you have checked out the scene and know that the victim is unconscious, the second step in any emergency is to contact an emergency medical service. An emergency medical service can be any number of contacts. If the service is offered in your area, call 911. If 911 isn't offered in your area, call the hospital or the police directly. And if you do not have those numbers, you can always call the operator and he or she will connect you with the correct officials right away.

Designate one person to contact EMS. If there is no one around, you must call the emergency medical service yourself. Give them your name, address, the victim's name, condition, and the aid being given. It's particularly important to remember to let the dispatcher hang up first so you know that he or she has no more questions and that an ambulance can be sent right away.

After the EMS has been called, return to the victim and perform CPR. First, position the victim. Move the victim into the correct position, trying to keep the person's body as stable as possible, protecting the head and the back in case there has been any injury to the backbone or to the spinal cord.

Then place yourself next to the victim's shoulders and check the ABC's: Open the airway, check the breathing, and check the circulation or the pulse. First, open the airway. Take
the hand that's closest to the victim's head and put it on his or her forehead. Next, take two fingers of the other hand and put it on the bony part of the victim's chin. Tilt back.

8 Next, check for breathing. Look, listen, and feel for the breath. Look for the chest rising and falling; listen for the breath in your ear; and feel the breath on your cheek. Do that for about five seconds. If there is no breathing, you must give two full breaths right away. Take two fingers of the hand that's on the victim's forehead and pinch the nose shut. Then take your mouth and seal the victim's mouth, giving two full breaths so that no air escapes while you're trying to breathe.

9 Then check the circulation or check the pulse. Take two fingers and put them on the center of the victim's throat and slide them into the groove that's next to the throat. Do this for about five seconds. If there is no pulse, chest compressions must be started right away.

10 Position your hands on the victim's chest. Take two fingers of your hand that's closest to the victim's feet and slide your hand up the bottom of the rib cage until you reach the notch that is directly beneath the breastbone. Then take your other hand and place it right next to your two fingers. Weave your fingers inside your other hand. According to the American Red Cross, while keeping the correct hand position, straighten your arms and lock your elbows so that your shoulders are directly over your hands. While in this position, enough pressure will be created to compress the chest one and a half to two inches for an adult. Do this fifteen times, counting out loud, "One and two and three and four and five and six and . . . ."

11 Continue the cycle of breathing and compressions four times. After the fourth time, check the victim's pulse again, and if there is still no pulse, continue these cycles until the victim breathes again or until trained medical professionals arrive and can take over for you.

12 In conclusion, this short speech has shown you the importance of surveying an emergency, contacting an emergency medical service, and starting CPR. If you take the Red Cross course, you will learn more about the details of administering CPR.

13 Now let's go back to the emergency I mentioned at the beginning of my speech. Because of your knowledge of the three steps in administering CPR, you can be that vital link in an emergency and you can help save a life.
CPR  *by Margaret Fugate*

**Commentary**

As with most informative speeches about processes, "CPR" depends heavily upon its organization, delivery, and use of visual aids. It is especially effective in illustrating how a speaker can use a model—in this case a life-size dummy of a human torso borrowed from the Red Cross—to demonstrate how to perform the steps of a process.

**Specific Purpose:** To inform my audience of the three steps to take when responding to a medical emergency.

**Central Idea:** When responding to a medical emergency you should take three main steps: survey the scene, contact emergency medical services, and start CPR.

**Method of Organization:** Chronological

**Introduction:** The introduction consists of the first two paragraphs. After gaining attention in paragraph 1 with a hypothetical example that relates the topic directly to her audience, the speaker reveals her topic in paragraph 2 and establishes her credibility by explaining that she has been certified to administer CPR for the past four years. She then completes the introduction by previewing the main points to be discussed in the body.

**Body:** Arranged in chronological order, the body takes listeners step by step through the process of responding to a medical emergency. By grouping the steps into three main points—surveying the scene (paragraph 3), calling emergency medical services (paragraphs 4-5), and administering CPR (paragraphs 6-11)—the speaker limits the number of main points so they are distinct and easy to recall. Although the third main point is developed in much more detail than the other two, it is the most important and complex step in the process of responding to a medical emergency. Rather than being problematic, the weight given to the third main point seems to be an accurate reflection of the process being explained in the speech.

As the speaker develops each main point, she explains her ideas clearly and straightforwardly. She avoids jargon and other technical language, and she uses plenty of connectives—especially signposts—to help listeners follow her from idea to idea. Most important, she uses her visual aid with great effectiveness. By practicing with the aid while rehearsing the speech, she was able to integrate it smoothly into the final presentation without breaking eye contact or stumbling in her delivery. Especially notable is the way she moves effortlessly between explaining her ideas, demonstrating those ideas by reference to the visual aid, and, at times, using her own body as a visual aid to help clarify key points.

**Conclusion:** The conclusion consists of paragraphs 12-13. After restating her main points, the speaker provides a sense of closure by briefly mentioning the example with which she opened the speech. The final sentence reinforces the importance of the topic and provides a somewhat dramatic closing line.
The Heimlich Maneuver

Kelly Marti

1 Imagine this scene. You are sitting with a friend at dinner. You tell a joke and your friend bursts out laughing. Then, suddenly, he isn’t laughing any more, or making any sound at all. His eyes seem about to pop out of his head; his face turns pale and then blue. Finally, he collapses over his plate. You rush to his side, trying to figure out what is wrong. Could it be a heart attack? Then you realize what has happened. Your friend has choked on a piece of food that “went down the wrong way.” You start to pound him on the back, try to help in any way you can. But it is too late. Five minutes have passed, and your friend is dead.

2 This story is imaginary, but it could be real. Incidents like this one happen every day—in restaurants, in the home, in dormitory cafeterias. According to a report from the National Safety Council, choking causes 3,900 deaths per year, which makes choking the sixth leading cause of accidental death in the United States. This statistic is even more tragic because 95 percent of these deaths could be prevented—more than 3,700 lives could be saved each year—if someone near the choking victim knew of a simple technique called the Heimlich maneuver.

3 The Heimlich maneuver was developed by Dr. Henry Heimlich, a professor of clinical sciences at Xavier University in Cincinnati, and it is so easy to learn that even a child can perform it. I learned the maneuver from my mother, who is a nurse, and I have read several articles about it. Today I would like to teach it to you.

4 The effectiveness of the Heimlich maneuver depends on two factors—knowing the symptoms of a choking victim, and knowing how to perform the maneuver to save the victim. First I will explain the symptoms. Then I will demonstrate the maneuver.

5 If you are to use the Heimlich maneuver, you must be able to recognize when a person has a piece of food or some other object caught in the windpipe. You may be surprised to know that until Dr. Heimlich offered a clear list of symptoms, not even doctors were sure how to diagnose a choking victim. There is a famous story of a medical convention in Washington, D.C., at which a large group of doctors had gathered for a dinner meeting. All at once a member of the group began to choke on a piece of food. A hundred doctors sat by helplessly while the man choked to death, because the doctors didn’t know what was wrong and didn’t know what to do.

6 Fortunately, Dr. Heimlich has since provided a reliable list of symptoms. First, the choking victim is unable to breathe or to speak. Then, because not enough oxygen is reaching the brain, the victim becomes pale, turns blue, and falls unconscious. Of these symptoms, the most important is the victim’s inability to speak. There are other conditions that might cause someone to have difficulty breathing and to pass out—a heart attack, for example. But when a conscious person cannot speak—or make any utterance whatever—it is usually because
something is lodged in the air passage. In most cases, blockage of the airway is so complete that the choking victim is not able to make any sound at all.

7 It is important that you, as an observer, learn to recognize these symptoms and to act quickly. There is no time to waste. Within about four minutes the victim will suffer permanent brain damage. Within about five minutes the victim will be dead. Four to five minutes—that is just a minute or so longer than the amount of time that has passed since I began this speech.

8 Now that you know how to recognize when a person has something caught in the air passage, you are ready to apply the Heimlich maneuver. When applied properly, it is the most effective way to save the life of a choking victim. The principle behind the maneuver is quite simple. Even when a foreign object is lodged in the windpipe, there is still enough air left in the lungs to dislodge the object if the air is forced upward suddenly. The purpose of the Heimlich maneuver is to create a strong enough burst of air from the lungs to free whatever is stuck in the windpipe.

9 You can apply the maneuver in any of three positions—while a victim is standing, sitting, or lying on the floor. Let me demonstrate with each position.

10 If possible, hold the victim up in a standing position to perform the Heimlich maneuver. This is the most effective way to dislodge whatever is caught in the air passage. Stand behind the victim and put both your arms around his waist. Let his head, arms, and upper torso hang forward. Make a fist with one hand and place it thumb side in against the victim’s abdomen—slightly above the navel but below the rib cage. Then cover the first with your other hand and press into the abdomen with a quick upward thrust, bending your arms at the elbows. [Here the speaker gently demonstrated the procedure on a volunteer.] Repeat this action as many times as necessary until the food pops out.

11 If the victim is sitting down and you cannot get him up, kneel behind him, put your arms around both him and the chair, and perform the maneuver in the same way. [Demonstration by the speaker.] Again, continue the upward thrusts until the food pops out.

12 If the victim is already prostrate and you cannot get him up, you may have to perform the Heimlich maneuver with the victim lying down. In this event, lay the person flat on his back, with his face turned upward (not to the side). Kneel straddling the victim. Do not try to perform the maneuver from the side, because you could rupture the victim’s liver or spleen. Place the heel of one hand against the choking victim’s abdomen, above the navel but below the ribs. Put your other hand on top of the first one and press into the victim’s abdomen with a quick upward thrust. [Demonstration by the speaker.]

13 As you can see, the Heimlich maneuver is easy to learn and easy to perform. Thousands of people, from children to senior citizens, have saved lives by using it. So if you are ever in a situation like the one I described at the start of this speech, remember what you have heard today: If your dinner companion suddenly can neither breathe nor speak, he or she has a foreign object stuck in the air passage. By applying the Heimlich maneuver, you can expel the object and save your companion’s life.
The Heimlich Maneuver by Kelly Marti

Commentary

“The Heimlich Maneuver” illustrates many of the principles of effective informative speaking. Students should pay special attention to how crisply the speech is organized, how the speaker adapts the topic directly to her audience, how she clarifies her ideas with concrete language and vivid description, and how she uses examples to personalize the speech and give it dramatic impact. Here is a synopsis of the speech.

Specific Purpose: To inform my audience how to perform the Heimlich maneuver.

Central Idea: The effectiveness of the Heimlich maneuver depends on two factors—knowing the symptoms of a choking victim and knowing how to perform the maneuver to save the victim.

Method of Organization: Topical

Introduction: The introduction is superb and consists of paragraphs 1-4. Vivid, dramatic, and realistic in its details, the hypothetical example in paragraph 1 relates the topic directly to the audience and gets them involved in the speech. In paragraph 2 the speaker uses statistics to show that the example is not far-fetched and that thousands of lives can be saved each year if people know how to perform the Heimlich maneuver. Paragraph 3 establishes the speaker’s credibility, while paragraph 4 states the central idea and previews the main points to be discussed in the body.

Body: The body of the speech develops two main points, the first of which begins in paragraph 5 and explains the symptoms of a choking victim. The story of the medical convention in paragraph 5 dramatically illustrates the importance of being able to recognize when a person has a piece of food or some other object caught in the windpipe. Here, as elsewhere, the speaker is adept at working human interest factors into her speech. Paragraph 6 explains the key symptom of a choking victim—the inability to produce sound—while paragraph 7 emphasizes the importance of acting quickly to remove the obstruction. The speaker does an excellent job in paragraph 7 of relating “four or five minutes”—the amount of time it takes a choking victim to suffer permanent brain damage—to the immediate experience of her audience.

A transition at the beginning of paragraph 8 moves the speaker into her second main point, in which she explains how to apply the Heimlich maneuver. After stating the principle behind the maneuver (paragraph 8), the speaker provides an excellent internal preview of the three positions in which the maneuver can be performed (paragraph 9). She then explains how to perform the maneuver when the victim is in a standing position (paragraph 10), when the victim is sitting (paragraph 11), and when the victim is lying down (paragraph 12). In each case the speaker demonstrates the steps of the Heimlich maneuver on a volunteer from the class. She had arranged for the volunteer well ahead of time, and the volunteer participated in the speaker’s final practice session. As a result, the volunteer
knew exactly what to expect, and the speaker could get the timing of her demonstration just right.

Two other aspects of paragraphs 10-12 deserve mention. First, even though the speaker demonstrates the Heimlich maneuver, she also provides a clear step-by-step verbal explanation of it. This is important because a visual aid is usually no more effective than the quality of the explanation that accompanies it. Second, the speaker adopts a very personal tone throughout her demonstration of the Heimlich maneuver. Rather than talking about how an abstract “someone” might perform the maneuver, she talks in terms of “you.” This strengthens the speaker’s rapport with her listeners and helps keep them interested.

Conclusion: The conclusion, which consists of paragraph 13, is short and to the point. By referring to the introduction, the speaker again relates the topic directly to her audience, cues listeners that the speech is nearing an end, and enhances the unity of the entire speech. The final sentences reinforce the central idea and summarize the main points of the speech.
Sign Language

Leah Pogoriler

1  [The speaker begins by using Signed English to express the words, “You are my friend.”] Do you know what I just told you? The message I communicated probably escaped most of you. Communication through hand motions is something we do all the time without even thinking about it. For most of us, it’s a supplement to spoken language. But for many deaf and hearing-impaired people, sign language isn’t just a supplement, it’s a primary mode of communication.

2  I’m not an expert in sign language, but I’ve been interested in it for several years. My father is the treasurer for a group of deaf and hearing-impaired people, and I’ve attended some functions with that group. At those times, I had a chance to learn bits and pieces of sign language. I also had the chance to learn more in researching for this speech.

3  In the speech, I’d like to first give you a bit of background about sign language. Then I’d like to teach you how to sign one important sentence, the one I started with: “You are my friend.” By sharing this sentence with you, I hope to help you realize that sign language is just as expressive as spoken language. Let’s start with a little background.

4  There are two broad categories of sign language used in America. One is Signed English, and the other is American Sign Language. Both use most of the same hand gestures. Signed English usually uses one hand gesture for each spoken word and presents the signs in the same order as the spoken words. On the other hand, American Sign Language—also called ASL—doesn’t always have exactly one sign for each spoken word, and might present them in a different order. This distinction will become clear during the demonstration.

5  No one knows exactly how many people use sign language as their primary language today. The National Center for Health Statistics estimates that about 20 million Americans have some sort of hearing impairment. Depending on the exact definition of “deafness,” about half a million to 2 million of these people are deaf. Most sources agree that American Sign Language is the fourth most used language in the United States today, after English, Spanish, and French.

6  Some people think that sign language is a primitive substitute for spoken language, but in fact sign language is just as rich and expressive as spoken language. For example, Karen Nakamura states in the online Deaf Resources Library that American Sign Language “should not be considered in any way to be a broken, mimed, or gestural form of English.” According to Nakamura, ASL is a complex, full, and natural language in its own right, with “its own beautiful grammar.”

7  Keeping these points in mind about sign language, let’s return to the sentence I started with and see if we can learn the signs for “You are my friend.” [At this point, the speaker begins her demonstration of how to sign, “You are my friend.”] Each of the signs she
discusses in paragraphs 7-13 is accompanied by a demonstration that explains the steps in making the sign.]

8 First, make the sign for “you” with your right hand. Extend your index finger and point at a classmate.

9 The word “are” is interesting because it starts with the letter “R.” To make the sign for the letter “R,” extend your index finger and wrap your next finger around it. This is the sign for the letter “R.” Now we’re going to make the word “are.” Just put your fingertips under your chin and arc outward.

10 “My” is easy. It’s just an open right hand. Put your palm inward on your chest.

11 “Friend” is a little trickier. It takes both hands. Extend your index finger on each hand, with your fingers folded down. And now bend each index finger. Now you’re going to hook them together, hanging the back and knuckles of your right hand outward from your left hand. And now reverse, with the back and knuckles of your left hand hanging outward from your right hand.

12 Now please tell a classmate these four signs slowly: “You are my friend.” And now try to sign the whole sentence quickly: “You are my friend.”

13 What you just learned was Signed English. In American Sign Language, the word “are” is generally implied, so you wouldn’t need to use it. The sentence in ASL would usually just be “You’re my friend.”

14 In closing, I hope you learned that sign language is just as expressive as spoken language. Think back to the way we signed “friend.” That sign isn’t an arbitrary combination of empty symbols. It’s a visual depiction of the way friends really are—interdependent, interlocked. In addition to learning how to sign the sentence “You are my friend,” I hope you’ll also take away from this speech a new appreciation for the complexities of sign language.
Sample Informative Speeches

Sign Language  by Leah Pogoriler

Commentary

A first-rate informative speech, “Sign Language” illustrates how a speaker can use a demonstration, as well as audience participation, to communicate ideas and to get listeners involved in the speech.

Specific Purpose: To inform my audience about the richness of sign language and the steps involved in signing a simple sentence.

Central Idea: By learning how to sign a simple sentence, we can see that sign language is just as expressive as spoken language.

Method of Organization: Topical

Introduction: The introduction consists of the first three paragraphs. The speaker gains the audience’s attention in paragraph 1 by making a series of gestures while she remains silent. Doing so arouses the curiosity of the audience, a move that the speaker reinforces by asking, “Do you know what I just told you?” After noting that, for most people, gestural communication is a supplement to spoken language, the speaker ends paragraph 1 by revealing that the topic of her speech is the use of sign language by deaf and hearing-impaired people.

Paragraph 2 provides an excellent example of how classroom speakers can establish their credibility. After acknowledging that she is not an expert on sign language, the speaker explains that she has long been interested in the topic as a result of her interaction with a group of deaf and hearing-impaired people, that she learned some sign language from this group, and that she has done further research on the topic. The fact that she cares about the subject and seems qualified to talk about it further boosts audience interest at this early stage of the speech.

Paragraph 3 begins with a concise preview statement of the two main points to be discussed in the body of the speech. The speaker then states her central idea: that sign language is just as expressive as spoken language. She will reinforce this idea by restating it again in the body of the speech and in the conclusion. An excellent signpost—“Let’s start with a little background”—completes the introduction and provides a bridge to the body of the speech.

Body: The first main point in the body provides background information about the two types of sign language used in the United States. In paragraph 4 the speaker identifies those types as Signed English and American Sign Language. In paragraph 5 she uses figures from the National Center for Health Statistics to show the number of Americans with hearing impairments and to document the fact that American Sign Language is the fourth most used language in the United States. In paragraph 6 she uses expert testimony to emphasize the richness and complexity of sign language. In keeping with the guidelines for using supporting materials, she identifies the source of her testimony (Karen Nakamura) and where the testimony was obtained (the online Deaf Resources Library).
In her second main point, the speaker demonstrates how to sign the sentence “You are my friend” (paragraphs 7-13). To make sure the audience can see her clearly, she steps away from the lectern, thereby facilitating a more conversational delivery that enhances direct communication with the audience. Although the speaker’s explanation is clear from the transcript of the speech, the full effect of her presentation can only be gauged from the videotape. At each stage of her demonstration, the speaker times her actions perfectly with her words. When going through the steps of signing “You are my friend,” she has a slow and easy pace that allows the audience to understand everything she is saying and to practice the gestures themselves.

Because of the speaker’s demonstration, this speech is also highly instructive for illustrating the interaction of language and physical action. Based on words alone, the speaker’s explanation in paragraphs 7-13 is as clear as it can be. But the effectiveness of the explanation increases dramatically once the speaker’s physical demonstration is added to her words. If you show the videotape of the speech to students, have them read the text of the speech first so they can more fully appreciate the importance of the speaker’s demonstration to the communication of her ideas.

Conclusion: The speaker concludes in paragraph 14. She begins by re-emphasizing her central idea that sign language is just as expressive as spoken English. Once again, she supplements her verbal message with physical action—this time when showing the manner in which the sign for “friends” depicts visually the interlocked and interdependent nature of true friends. She ends by noting that she hopes her audience has gained a fuller appreciation of the complexities of sign language in addition to learning how to sign “You are my friend.” Here, as elsewhere, the speaker does an excellent job of connecting her specific demonstration to a larger set of ideas about the nature and importance of sign language.