**Tompkins County Demonstration Evaluation Form**

Name___________________________________ Age_____ Date of Birth________________
Address______________________________________________________________________
County_____________________________________________Years in 4-H_______________
Number of previous presentations:  County_________ District__________State__________

**Title of Presentation**

**Project Area (If applicable)**

Approximate length of presentation (circle one):     5min.      7min.      10min.      15min.

**Scoring Scale:**

<table>
<thead>
<tr>
<th>Scoring Scale</th>
<th>Outstanding--No room for Improvement</th>
<th>Above expectation for level</th>
<th>Met expectation for experience level</th>
<th>Needs Improvement</th>
<th>Omitted Something Essential</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**DELIVERY**

- Introduction
- Proper Equipment/ Visual Aids
- Efficient Organization
- Proper Use of Notes/ Visual Aids
- Grammar/ Vocabulary
- Appropriate Length*
- Gets Point Across
- Summary

**EVALUATOR’S COMMENTS**

**SUBJECT**

- Appropriate for Age & Experience
- Understanding of Subject
- Correct, Up-to-date Information/ Sources Given
- One Main Theme with Logical Steps

**PRESENTER**

- Appearance (Neat & Appropriate)**
- Eye Contact
- Voice (Volume & Rate)
- Posture
- Poise
- Enthusiasm
- Fielded Questions Adequately

**EVALUATOR’S OVERALL COMMENTS:**

**EVALUATOR’S SIGNATURE:**________________________Time: start_________end__________

*5 **4

Update 5/05