



## Evaluation Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

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:**

Outstanding-- No room for Improvement	Above expectation for level	Met expectation for experience level	Needs Improvement	Omitted Something Essential
<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

### DELIVERY

### EVALUATOR'S COMMENTS

- Introduction
- Gestures
- Conveys Tone/ Mood (*inflection*)
- Smoothness/ Flow
- Articulation
- Appropriate Length\*
- Gets Point Across
- Proper Use of Presentational Aids  
If necessary (i.e. note cards)
- Conclusion

### SUBJECT

- Appropriate for Age & Experience
- Stimulates Audience Interest
- Appropriate Understanding of Subject
- One Main Theme, Logically Organized
- Content: Documented & Research

### PRESENTER

- Appearance (neat & appropriate)\*\*
- Eye Contact
- Voice (volume & rate)
- Posture
- Poise
- Enthusiasm

**EVALUATOR'S OVERALL COMMENTS:**

**EVALUATOR'S SIGNATURE:** \_\_\_\_\_ **Time: start** \_\_\_\_\_ **end** \_\_\_\_\_