



Evaluation Form

Name _____

Address _____

Street

City

Zip

County _____ Years in 4-H _____

Title of Presentation _____

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

Scoring Scale:

Outstanding-No room for improvement	Above Expectation for level	Met expectation for state level	Needs improvement	Omitted something essential
5	4	3	2	1

EVALUATOR'S COMMENTS

DELIVERY

<input type="checkbox"/>	Introduction
<input type="checkbox"/>	Gestures
<input type="checkbox"/>	Conveys Tone/ Mood (inflection)
<input type="checkbox"/>	Smoothness/ Flow
<input type="checkbox"/>	Articulation
<input type="checkbox"/>	Appropriate Length*
<input type="checkbox"/>	Gets Point Across
<input type="checkbox"/>	Proper Use of Presentational Aids <small>if necessary (i.e. note cards)</small>
<input type="checkbox"/>	Conclusion

SUBJECT

<input type="checkbox"/>	Appropriate for Presentation Level
<input type="checkbox"/>	Stimulates Audience Interest
<input type="checkbox"/>	Appropriate Understanding of Subject
<input type="checkbox"/>	One Main Theme, Logically Organized
<input type="checkbox"/>	Content: Documented & Researched

PRESENTER

<input type="checkbox"/>	Appearance (appropriate & neat) **
<input type="checkbox"/>	Eye Contact
<input type="checkbox"/>	Voice (Volume & Rate)
<input type="checkbox"/>	Posture
<input type="checkbox"/>	Poise
<input type="checkbox"/>	Enthusiasm

EVALUATOR'S OVERALL COMMENTS:

<div></div>

EVALUATOR'S SIGNATURE: _____ Time: start _____ end _____

*5 **4

Update 5/05