



Youth Name: _____

Date: _____

4-H Club or Program: _____

4-H Age: (age as of Jan 1st of 4-H Year) _____

Years in 4-H: _____

Recipe Title: _____

Length of Presentation _____ Start _____ End _____

Max time allowed: 15 minutes

CLOVERBUDS ARE NOT SCORED – THIS EVALUATION FORM IS TO GIVE CLOVERBUDS CONSTRUCTIVE FEEDBACK TO HELP THEM IMPROVE ☺

PRESENTER	Considerations	Things you did Well	Things that could be Improved
DRESS	Dressed appropriately for cooking, including apron, hair is pulled back, hands and face are clean		
USE OF VOICE	Loud enough to be heard clearly; pleasant tone to listen to		
POSTURE/POISE	Made eye contact between tasks; generally confident in their body language		
ENTHUSIASM	Excited about the recipe they are presenting with obvious interest in it		
RESPONDING TO QUESTIONS	Answers questions with an informative response; may answer 'do not know but will look up answer'		
DEMONSTRATION	Considerations	Things you did Well	Things that could be Improved
SAFETY	Performs all tasks safely and keeps work area clean		
RECIPE – AGE AND EXPERIENCE	Recipe is fitting for this level – neither too easy nor too complicated		
NYS INGREDIENT *CAN BE LABELLED	Use at least one ingredient produced in NYS and talks about where it comes from		
MEASURING	Demonstrates correctly how to measure at least 1 wet and 1 dry ingredient		



PRESENTATION	Considerations	Things you did Well	Things that could be Improved
INTRODUCTION	Introduced themselves, their club(s), years in 4-H and tell what they are going to cook and why they chose this recipe		
PROCEDURE	Carries out each step or recipe in a logical order – may use notes/cards/poster		
ILLUSTRATION OF DISH	Picture realistically illustrates dish and is attractively presented		
APPEARANCE AND/OR TASTE OF DISH	The dish looks and/or tastes appetizing		
SUMMARY	Presents evaluators with finished dish to taste and asks for feedback/questions		

Additional Evaluator Feedback – Constructive and Encouraging Comments

NOTE: Allowances and/or accommodations will be made where possible for disadvantaged youth and those with special needs as appropriate

Evaluator Name 1: _____

Evaluator Name 2: _____