

CLOVERBUD FEEDBACK FORM

Youth Name: _____ **Date:** _____ **Presentation Level:** County
4-H Club or Program: _____ **County:** _____
4-H Age: (age as of Jan 1st of 4-H Year) _____ **Years in 4-H:** _____ **Title of Presentation:** _____
 List the # of public presentations done as a 4-H member: Club: _____ County: _____

Initials of Evaluators: _____ & _____

Factors Considered in Rating Comments: Well Done!	What We Liked	Work on for next year
Smiled!		
Dressed Neat and Clean		
Stood Up Straight		
Looked at the Audience		
Volume of Voice		
Spoke Clearly		