



Name _____

Age _____

How Many Cloverbud Presentations _____

Title of Presentation _____

Scoring Scale
Presentation

	Well Done	Needs More Practice	Evaluator's Comments
Introduction of Topic	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper Equipment/Visual Aid	<input type="checkbox"/>	<input type="checkbox"/>	_____
Efficient Organization	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper Use of Notes/Visuals	<input type="checkbox"/>	<input type="checkbox"/>	_____
Easy to Understand	<input type="checkbox"/>	<input type="checkbox"/>	_____
Conclusion	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cited Sources	<input type="checkbox"/>	<input type="checkbox"/>	_____
Subject:			
Appropriate Presentation Level	<input type="checkbox"/>	<input type="checkbox"/>	_____
Understanding of the Subject	<input type="checkbox"/>	<input type="checkbox"/>	_____
Presenter:			
Appearance; Appropriate & Neat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Made Eye Contact	<input type="checkbox"/>	<input type="checkbox"/>	_____
Smiled	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spoke Loudly and Clearly	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stood up Straight	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fielded Questions Adequately	<input type="checkbox"/>	<input type="checkbox"/>	_____

Evaluator's Signature: _____

Length of Presentation: _____

Evaluator's Overall Comments: