

# Applied Technology Rating Sheet

Name(s) of Participant(s): \_\_\_\_\_ Chapter: \_\_\_\_\_

Category:     \_\_\_ Junior           \_\_\_ Senior           \_\_\_ Occupational

**INSTRUCTIONS:** Circle the correct score. Write the appropriate rating in the “Score” column. Write comments on the back of the rating sheet. Comments should help participants identify their strengths and areas for improvement. Record total points. Verify point total, and initial.

<b>Evaluation Criteria</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>	<b>Score</b>
<b>PORTFOLIO</b>						
Project Identification Page	0 - 1	2	3	4	5	
FCCLA Planning Process Summary Page	0 - 1	2	3	4	5	
Relationship to Family and Consumer Sciences	0 - 1	2	3	4	5	
Evidence of Research	0 - 1	2	3	4	5	
Evidence of Problem-Solving Skills	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
Evidence of Technology Used	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
Evidence of Applied Academics	0 - 1	2	3	4	5	
Works Cited/Bibliography	0 - 1	2	3	4	5	
Appearance	0 - 1	2	3	4	5	
<b>ORAL PRESENTATION</b>						
Organization	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
Knowledge of Subject Matter	0 - 1	2	3	4	5	
How Technology was Used	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
Voice	0 - 1	2	3	4	5	
Body Language	0 - 1	2	3	4	5	
Grammar and Pronunciation	0 - 1	2	3	4	5	
Responses to Evaluators' Questions	0 - 1	2	3	4	5	

Evaluator's Signature \_\_\_\_\_

Total Score: \_\_\_\_\_

Event Chairperson Verification of Total Score (please initial) \_\_\_\_\_