

## Chapter Service Project Display 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>DISPLAY</b>						
Project Identification Page	0 - 1	2	3	4	5	
FCCLA Planning Process Summary Page	0 - 1	2	3	4	5	
Address a Specific Need	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
Cooperative Efforts	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
Increases Awareness	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
Appearance	0 - 1	2	3	4	5	
<b>ORAL PRESENTATION</b>						
Organization	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
Reflects Purpose of FCCLA	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
Project Impact	0 - 1 - 2 - 3	4 - 5 - 6	7 - 8 - 9	10 - 11 - 12	13 - 14 - 15	
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) \_\_\_\_\_