

## Early Childhood Rating Sheet

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

Category: \_\_\_\_\_ 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	
Documentation of Experience/Occupational Coursework	0 - 1	2	3	4	5	
Lesson Plans	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
Evidence of Skills	0 - 1	2	3	4	5	
Evidence of Development Knowledge	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
<b>RESOURCE CONTAINER</b>						
Meets Specifications	0 - 1	2	3	4	5	
<b>ACTIVITY PLAN AND PREPARATION</b>						
Written Activity Plan	0 - 1	2	3	4	5	
Use of Resource Materials & Supplies	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
Selection of Activity/Activities	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
<b>PRESENTATION</b>						
Introduction	0 - 1	2	3	4	5	
Activity	0 - 1	2	3	4	5	
Wrap Up	0 - 1	2	3	4	5	
Voice/pronunciation/Grammar	0 - 1	2	3	4	5	
Body Language	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) \_\_\_\_\_