

## Foods and Nutrition Rating Sheet

Names of Participants: \_\_\_\_\_ Chapter: \_\_\_\_\_

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

**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>WRITTEN SUMMARY</b>						
Clear and organized	0 - 1	2	3	4	5	
<b>INTRODUCTION</b>						
Purpose clearly stated	0 - 1	2	3	4	5	
Review important points/oral summary	0 - 1	2	3	4	5	
<b>CONTENT &amp; INFORMATION</b>						
Educational	0 - 1	2	3	4	5	
Accurate	0 - 1	2	3	4	5	
Complete information	0 - 1	2	3	4	5	
Logical continuity of ideas	0 - 1	2	3	4	5	
<b>FAMIL &amp; CONSUMER SCIENCES SKILLS &amp; KNOWLEDGE</b>						
Relationship to family & consumer sciences or dual role is well explained	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
<b>MATERIALS AND EQUIPMENT</b>						
Correct use of equipment	0	0	0	1	2	
Visual aids easily read & used effectively	0	0	1	2	3	
<b>CREATIVITY &amp; ORIGINALITY</b>						
Catchy title	0	1	2	3	4	
Current topic	0 - 1	2	3	4	5 - 6	
Cleverness in techniques for emphasizing key points	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
<b>ABILITY TO ANSWER QUESTIONS</b>						
Knowledge of area	0 - 1	2	3	4	5	
Answers all questions effectively	0 - 1	2	3	4	5	
<b>DEMONSTRATION TIME</b>	0 - 1	2	3	4	5	
<b>APPEARANCE, POISE, DELIVERY, ENTHUSIASM</b>	0 - 1 - 2	3 - 4 - 5	6 - 7 - 8 - 9	10 - 11 - 12	13 - 14 - 15	

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

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

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