

## Interpersonal Communications 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	
Works Cited/Bibliography	0 - 1	2	3	4	5	
<b>ORAL PRESENTATION</b>						
Organization	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
Project Rationale Clearly Stated	0 - 1	2	3	4	5	
Use of Appropriate Techniques	0 - 1 - 2 - 3	4 - 5 - 6	7 - 8 - 9	10 - 11 - 12	13 - 14 - 15	
Evidence of Project Self-Evaluation	0 - 1	2	3	4	5	
Impact on Interpersonal Communications	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
Relationship to FCCLA Purpose and FACS	0 - 1	2	3	4	5	
Voice	0 - 1	2	3	4	5	
Body Language	0 - 1	2	3	4	5	
Grammar and Pronunciation	0 - 1	2	3	4	5	
<b>CASE STUDY</b>						
Knowledge of Communication Techniques	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
Appropriate Solutions	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) \_\_\_\_\_