

## National Programs in Action 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>FILE FOLDER</b>						
Project Identification Page	0 - 1	2	3	4	5	
FCCLA Planning Process Summary Page	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
<b>ORAL PRESENTATION</b>						
Identify Concern: Relationship to National Program	0 - 1	2	3	4	5	
Identify Concern: Knowledge of National Program	0 - 1	2	3	4	5	
Set a Goal: Structure	0 - 1	2	3	4	5	
Set a Goal: Appropriateness	0 - 1	2	3	4	5	
Form a Plan: Organization	0 - 1	2	3	4	5	
Form a Plan: Who, What, When, Where, How	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
Act: Action Taken on Plan	0 - 1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	
Follow Up: Publicity and Recognition	0 - 1	2	3	4	5	
Follow Up: Evaluation Tools	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	
Responses to Evaluators' Questions	0 - 1	2	3	4	5	
<b>VISUAL AIDS</b>						
Effectively Illustrate Content	0 - 1	2	3	4	5	
Appearance	0 - 1	2	3	4	5	

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

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

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