**Youth Name: Date: 4-H Club or Program:**

**4-H Age: (**age as of Jan 1st of 4-H Year) \_\_\_\_\_\_\_\_\_ **Years in 4-H: Title of Presentation:**

**Length of Presentation** \_\_\_\_\_\_\_\_\_\_\_ Start\_\_\_\_\_\_\_\_\_\_\_\_\_ End\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CLOVERBUDS ARE NOT SCORED – THIS EVALUATION FORM IS TO GIVE CLOVERBUDS CONSTRUCTIVE FEEDBACK TO HELP THEM IMPROVE ☺**  |

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| **PRESENTER** | **Considerations** | **Things you did Well** | **Things that could be Improved** |
| **Appearance** | Hair is well brushed; hands and face are clean; clothing is clean, neat and tidy |  |  |
| **Voice** | Loud enough to be heard clearly; pleasant tone to listen to; spoke at a good pace |  |  |
| **Poise** | Made eye contact; stood up straight; generally confident in their delivery |  |  |
| **Enthusiasm**  | Excited about the topic they are presenting with obvious interest in it |  |  |
| SUBJECT | **Considerations** | **Things you did Well** | **Things that could be Improved** |
| Topic Appropriate For Age & Experience | Topic is fitting for a Cloverbud – neither too easy nor too complicated |  |  |
| Understanding Of Subject Matter | Clearly understands the topic they are talking about; knowledgeable on the topic |  |  |
| Stayed On Topic | Spoke about the same topic through the whole presentation; did not get side tracked |  |  |
| Delivery | **Considerations** | **Things you did Well** | **Things that could be Improved** |
| Introduction | Introduced themselves, their club, and the 4-H project and/or topic of presentation |  |  |
| Use Of Visual Cues Or Props | Has visual cues/props (poster boards, photographs, related materials, etc.) to enhance the presentation and keep them on track |  |  |
| Summary | Brings the presentation to a natural end, reminds audience of main points and asks for questions |  |  |
| Sources | Explained to the audience where they got their information – the sources they used. |  |  |

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| **Additional Evaluator Feedback – Constructive and Encouraging Comments** |
| **NOTE: Allowances and/or accommodations must be made where possible for disadvantaged youth and those with special needs as appropriate** |

**Evaluator Name 1**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Evaluator Name 2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_