

OHIO 4-H FOOD & NUTRITION FEEDBACK SHEET

Name _____

Age (as of 1/1/current year) _____

Participant # _____

Project/Class _____

County _____

	EXCELLENT	GOOD	NEEDS IMPROVEMENT	COMMENTS	SCORE
Portfolio: Interest or Activity Areas	All areas are represented. Illustrates the work and the knowledge of the participant.	Most areas are represented. Illustrates some of the work and knowledge of the participant.	Only a few are represented. Illustrates very little knowledge and work of the participant.		
Organization	Presented information in logical and interesting sequence.	Presented in a somewhat logical, sequence – jumps around.	Little to no logical sequence to the presentation.		
Presentation: Verbal	Participant demonstrated full knowledge without prompting.	Demonstrated good knowledge, but had to be prompted.	Needed lots of prompting and questions to share their knowledge.		
Eye Contact and Voice	Participant maintained eye contact throughout entire presentation and they spoke with confidence and relaxed voice.	Participant maintained eye contact sporadically throughout the entire presentation, and spoke with a somewhat confident and relaxed voice.	Participant had little to no eye contact during the presentation and they were nervous and hesitant when they spoke.		
Skills					
Total Score					