

Name _____

County _____ Number _____

Name of Exhibit
or Activity _____

Subject	Excellent	Good	Needs to Improve
As outlined in manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-developed; shows effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Appearance			
Attracts interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Original; creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good use of color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conveys message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accomplishes purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workmanship			
Lettering uniform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity Plan Card included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:



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