Name: _____

Division: _____

Physical Item

Foundational Skills

Foundational Skills		
Is the project cohesive?	Yes	No
Does the project have functionality?	Yes	No
Is the project appearance complete?	Yes	No
Is there a visual appeal/interest?	Yes	No

Method(s)

Method(s)					
Use of Materials	1	2	3	4	5
Creativity	1	2	3	4	5
Quality of Construction	1	2	3	4	5
Skills Demonstrated	1	2	3	4	5

Overall

Overall					
Visual Appeal	1	2	3	4	5
Complexity	1	2	3	4	5
Theme/Design	1	2	3	4	5

Thing(s) done well:

_____

_____

Thing(s) to improve on:

_____

_____

Other comments:

_____

_____

_____

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Name: _____

Division: _____

Physical Item

Foundational Skills

Foundational Skills		
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_____

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Thing(s) to improve on:

_____

_____

Other comments:

_____

_____

_____

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