



Name: \_\_\_\_\_

Division: \_\_\_\_\_

Physical Item- Health

**Foundational Skills**

<i>Was the entry appropriate to the division?</i>	Yes	No
<i>Does the project have functionality?</i>	Yes	No
<i>Does the project demonstrate knowledge about the topic?</i>	Yes	No
<i>Is the project complete?</i>	Yes	No

<i>Use of Materials</i>	1	2	3	4	5
<i>Skills demonstrated</i>	1	2	3	4	5
<i>Practicality</i>	1	2	3	4	5

**Overall**

<i>Complexity</i>	1	2	3	4	5
<i>Clear Understanding</i>	1	2	3	4	5
<i>Design/Organization</i>	1	2	3	4	5

Thing(s) done well:

\_\_\_\_\_  
\_\_\_\_\_

Thing(s) to improve on:

\_\_\_\_\_  
\_\_\_\_\_

Other comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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