PRIMARY MEMBERS (YOUTH AGED 5 TO 8)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date |  | | | County |  |
| Member Name | | |  | | |
| Member Name | | |  | | |
| Member Name | | |  | | |
| Presentation Type | | |  | | |
| Presentation Title | | |  | | |
| **PLEASE PRINT NEATLY AND LEGIBLY. PLEASE WRITE COMMENTS TO THE SPEAKER.** | | | | | |
| What did I do well? What could I have done differently to make my presentation more effective? | | | | | |
|  | | | | | |
| Evaluator Name | |  | | | |