

4-H PROJECT REVIEW FORM

To be completed by a club advisor and submitted to OSUE by Sept. 30th.

Name: _____ Club: _____

Project No. _____ Project Name: _____

	Check if Completed	Comments
Completed Project Completion Requirements (requirements listed in front of project book)		
Brought Completed Project Book		
Brought a Display, Poster or Item Made		
Completed an Interview with Advisor		
Dressed Appropriately for an Interview		
Strengths:		
Areas for Improvement:		
Final Rating (Please circle one) 5 Checks = Superior Rating 3 – 4 Checks = Excellent Rating 1 – 2 Checks = Good Rating		

Advisor Signature

Date

