

# PROJECT COMPLETION EVALUATION

(To be turned in to Club Leader by August 21, 2015)

Project Name and Number \_\_\_\_\_

Leader \_\_\_\_\_

Number of Project Meetings Held \_\_\_\_\_

NAME	Number Meetings Attended	Demonstrations Given	Judged	Met Project Goals	Submitted Project Record	Completed Year
Example: Jane Doe	6	Yes	No	Yes	Yes	Yes
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

- COMPLETION REQUIREMENTS:**
- 1) Member complete project goals to project leader's satisfaction.
  - 2) Member attend majority of project meetings.
  - 3) Project group to have held a minimum of 6 hours of project meetings or equivalent.