



# INTERMEDIATE CHILD CARE

## New Mexico – State Event

Name:		District:	
School:			
Level: (Circle one)	Level 1	Level 2	Level 3

**Directions:**

1. Make sure all information at the top is correct. If a student named is not participating, cross their name(s) off. If a team does not show, please write “No Show” across the top and return with other forms. Do NOT change team or group numbers.
2. At the conclusion of the presentation, verify evaluator scores and fill in the information below. Calculate the final score and ask for evaluators’ verification. Place this form in front of the completed rubrics and paper clip all items related to the presentation together. Please do NOT staple.
3. At the end of the competition in the room, double-check all scores, names, and team numbers to ensure accuracy. Sort results by team order and turn them in to the Lead or Assistant Lead Consultant.
4. Please check with the Lead Consultant if there are any questions regarding the evaluation process.

ROOM CONSULTANT CHECK			POINTS
<b>Orientation</b>	<b>0</b> Did not attend	<b>2</b> Provided evidence of attendance	
			<b>Room Consultant Total</b> (2 points possible)
<b>Evaluator’s Scores</b>			
Evaluator 1 _____			
Evaluator 2 _____			
Evaluator 3 _____			<b>Average Evaluator Score</b> (98 points possible)
<b>Total Average Score</b> _____			<b>Final Score</b> (Average Evaluator Score plus Room Consultant Total)

**RATING ACHIEVED** (circle one)    GOLD 90-100    SILVER 70-89.99    BRONZE 1-69.99

**VERIFICATION OF FINAL SCORE AND RATING** (please initial)

Evaluator 1 \_\_\_\_\_ Evaluator 2 \_\_\_\_\_ Evaluator 3 \_\_\_\_\_ Event Lead Consultant \_\_\_\_\_