



Chairperson and Clerk Evaluation Form

Legislative Evaluation Committee

Evaluator Name:

Rate each Hearing Committee team, using the number guide and criteria provided. Please total your scores and turn your sheet into Room _____ after you have finished evaluating all Hearing Committees.

Committees (EX: Committee 1)		Knowledge of Procedures (0-40pts)			Leadership of Committee (0-30pts)			Encouragement of Participation (0-15pts)			Professionalism (0-15 pts)			TOTAL						
CM # ROOM	Name: Chair: Clerk:	Able to be off script	2	4	6	8	10	Ownership of position	2	4	6	8	10	Demonstrates fairness	1	2	3	4	5	Add up all scores from each section ↓
		Follows time limits	2	4	6	8	10	In control of the room	2	4	6	8	10	Helpful to delegates	1	2	3	4	5	
		Follows TX YG Rules	2	4	6	8	10	Demonstrates Respect, Caring, Responsibility, Honesty	2	4	6	8	10	Positively encourages debate/ participation	1	2	3	4	5	
		Has knowledge of Motions	2	4	6	8	10						Maintains good body language	1	3	5				
			TOTAL					TOTAL					TOTAL					TOTAL		
CM # ROOM	Name: Chair: Clerk:	Able to be off script	2	4	6	8	10	Ownership of position	2	4	6	8	10	Demonstrates fairness	1	2	3	4	5	Add up all scores from each section ↓
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			TOTAL					TOTAL					TOTAL					TOTAL		