Capstone Experience Evaluation Form

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| --- | --- |
| Evaluator Name: | Evaluator Phone: |
| Evaluator Email: | Evaluator Company: |
| Student Name: | Student Pathway (Circle one):* Multimedia
* Engineering Technology
* Mechatronics
 |

Evaluate the video presentation of the student’s project based on the following criteria:

|  |  |
| --- | --- |
| 5 = Outstanding1 = Poor |  Please Circle |
|  |
| 1. Professionalism of student
 | 1 2 3 4 5 |
|  1. Clear purpose of project
 | 1 2 3 4 5 |
| 1. Effective explanation of project
 | 1 2 3 4 5 |
| 1. Quality of project
 | 1 2 3 4 5 |
| 1. Creativity of project
 | 1 2 3 4 5 |

Comment on the overall effectiveness and quality of the student’s project

Comment on the overall effectiveness and quality of the student’s video

**Please submit completed evaluation to either:**

* Michael Allore (Multimedia) – Michael.Allore@uticak12.org
* Scott Spry (Engineering/Mechatronics) – Scott.Spry@uticak12.org