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**SLV 4-H ROBOTICS**

**End-of-Season Youth Self-Assessment 2017**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reflect on your robotics participation this year. Rate yourself on the following items.** (Check one box [x]  in each row.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Excellent* | *Very Good* | *Acceptable* | ***Needs Improvement*** |
| Participation |[ ] [ ] [ ] [ ]
| Quality of Work |[ ] [ ] [ ] [ ]
| Effort |[ ] [ ] [ ] [ ]
| Team Work |[ ] [ ] [ ] [ ]
| What were your strengths this year? |
| How could you improve your own performance? |

**Reflect on your team and overall experience this past year to answer the following questions. It’s okay to mark “no” for either one!**

Overall, did your team work out well for you this year? [ ]  Yes [ ]  No
*If desired, explain how your team could be improved:*

Are you interested in participating in SLV 4-H Robotics again next year? [ ]  Yes [ ]  No
*Please explain why or why not:*