



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 ☒ in each row.)

	<i>Excellent</i>	<i>Very Good</i>	<i>Acceptable</i>	<i>Needs Improvement</i>
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: