

Quilting Evaluation

Date of Birth _____/_____/_____

Month Day Year

Cloverbud (Ages 5-8) _____

Junior (Ages 9-14) _____

Senior (Ages 15-19) _____

Top portion to be filled out by 4-H member

Members Name _____ Telephone Number _____

Club Name _____ Years in Project _____ Color _____

Brief description of project _____

How was it Made? Machine Quilted _____ Hand Quilted _____ Year for this project 1 or 2

| | Excellent | Good | Needs Improvement |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| 1) Over all appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Cleanliness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Patchwork | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Seam Matched | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Points Complete | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Quilting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Even stitches front & back | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Adequate amount | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Knots hidden | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Binding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Neatly stitched | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Corners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Evaluator's Comments _____

Originality Award: Yes _____ No _____

Outstanding Workmanship: Yes _____ No _____

Outstanding Presentation: Yes _____ No _____

Leader's Name _____