



THE CAT FANCIERS' ASSOCIATION, INC.
Youth Feline Education Program
YFEP Activity Evaluation Form



YFEP Exhibitor please fill out the following section:

Name of YFEP Exhibitor _____ Age _____ YFEP Division _____

Activity Name _____ Location _____ Date _____

Evaluator please fill out the following section:

- | | | |
|---|-----------|----------|
| 1. Was the participant on time and ready for the activity? | Yes _____ | No _____ |
| 2. Was the participant appropriately dressed? | Yes _____ | No _____ |
| 3. Was the participant attentive to the task? | Yes _____ | No _____ |
| 4. Did the participant take instruction well? | Yes _____ | No _____ |
| 5. Did the participant conduct themselves in a professional manner? | Yes _____ | No _____ |

Any further comments or feedback for the participant would be welcome.

(Signature of Evaluator)

(Date)

Print name of evaluator signing form _____

Role of evaluator in this activity _____