**PROJECT FEEDBACK FORM**

| Name | Novice Junior Senior |
| --- | --- |
| Project | Years in Project |

**Did the member meet the following minimal requirements to receive a medal in this project? Check the box beside each completed requirement and give feedback in space below requirement. Certificate of Completion will be awarded if any of the requirements are missing.**

|  | Gave a demonstration on this project. |
| --- | --- |
|  | |
|  | Exhibited something pertaining to this project. |
|  | |
|  | Included a completed State Project Record Form for this project. |
|  | |
|  | Included a project story. |
|  | |
|  | Included project pictures. |
|  | |