

# CUMULATIVE EVALUATION FORM



Judge Name: *Name Here*

Organization: *Organization Name Here*

Date: *2019*

## Assessment Legend:

I Insufficient
 F Fair
 G Good
 VG Very Good
 E Excellent

Transfer your assessments from the Individual Team Evaluation Forms. Please use the codes I, F, G, VG and E to note level of performance. Using your assessments as a reference, rank the teams (with 1 being your top choice). No ties allowed.

Please list team names in order of presentation.

Team Names:

*Team A*

*Team B*

*Team C*

## Seeing Opportunity

Conducting a thorough needs assessment with the target audience

*E*

*VG*

*E*

## Taking Action

Using entrepreneurial action

*G*

*G*

*E*

## Enabling Progress

Measuring and reporting direct and indirect outcomes

*E*

*I*

*I*

Empowering people

*VG*

*I*

*VG*

Improving livelihoods in an economically, socially and environmentally sustainable way

*VG*

*I*

*VG*

**Ranking:** Please rank the teams (with 1 being your top choice). No ties allowed.

*1*

*3*

*2*