



Ministry Training Area Evaluation Form

Drama Team

Team Name: _____

Junior High

Senior High

Church: _____

IFCA Regional: _____

Title: _____ Author: _____

<p><u>Choice of Script / Application</u> Division Rating: _____ (Is the biblical truth accurately taught & support real life application?) Comments:</p>	<p><u>Delivery/Props/Costume</u> Division Rating: _____ (Rate of Speech/Enunciation/Volume/Props and Costumes appropriate for production) Comments:</p>
<p><u>Interpretation</u> Division Rating: _____ (Movement/Emotion/Flow/Continuity) Comments:</p>	<p><u>Quality of Production/Adherence to Script</u> Division Rating: _____ (Performed with spirit of excellence/Script followed closely) Comments:</p>
<p><u>Stage Presence</u> Division Rating: _____ (Confidence/poise/Captivates and Convinces Audience) Comments:</p>	<p><u>Character Development</u> Division Rating: _____ (Did they draw the audience into their character? Where they believable?) Comments:</p>

For Administrative Use Only

Overall Division Rating: _____ Scholarship (Yes or No): _____ Evaluators Signature: _____