



Ministry Training Area Evaluation Form

Puppet Team

Name: _____

Novice Senior Pre-recorded Live

Church: _____

IFCA Regional: _____

Title: _____ Author: _____

<p>Choice of Script Division Rating: _____</p> <p>(Appropriate for use in local church; Biblical accurate)</p> <p>Comments:</p> 	<p>Introduction Division Rating: _____</p> <p>(Grabs attention; sets up skit)</p> <p>Comments:</p>
<p>Puppet Control Division Rating: _____</p> <p>(Height; Head control; Eye contact; Lip Sync; Mouth movement)</p> <p>Comments:</p> 	<p>Staging Division Rating: _____</p> <p>(Entrance/Exit; Puppet arms; Gloved hand; Spacing & movement of puppets; Use of extra props to add to script)</p> <p>Comments:</p>
<p>Application Division Rating: _____</p> <p>(Spiritual application clear, understandable & impactful)</p> <p>Comments:</p> 	<p>Connection with Audience</p> <p>Division Rating: _____</p> <p>(Tone of voice, body control, Is the puppet believable?)</p> <p>Comments:</p>

For Administrative Use Only

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