

Date: _____

Location: _____

Instructor: _____

Point Score Evaluation Form

**Cut or Container-Grown
Collection**

COMMENTS (60) _____

POINT SCORING (40) _____

GRADE _____

Class __: **Description**

Qualities	Specimen 1	Specimen 2	Specimen 3	Specimen 4	Specimen 5
Exhibit Name:					
CONFORMANCE/ID (10 pts.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONFORMANCE (5pts)					
PLANT IDENTIFICAITON (5 PTS)					
PEAK OF PERFECTION (75 PTS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FORM (20)					
COLOR (20)					
MATURITY/SIZE (20)					
CONDITION/BLEMISHES (15)					
GROOMING/STAGING (15 PTS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GROOMING (10)					
STAGING (5)					
YOUR SCORE (100)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MASTER PANEL SCORE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YOUR POINT SCORING GRADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YOUR COMMENT GRADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MASTER PANEL MEMBERS: