

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:					
<b>CONFORMANCE/ID</b> (10 pts.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONFORMANCE ( 5pts)					
PLANT IDENTIFICAITON (5 PTS)					
<b>PEAK OF PERFECTION</b> (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)					
<b>GROOMING/STAGING</b> (15 PTS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GROOMING (10)					
STAGING (5)					
<b>YOUR SCORE (100)</b>	<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: