








Place Contestant Label Here

Mark Your Placing Selection Below.

- | | |
|--|--|
| <input type="checkbox"/> 1-2-3-4  | <input type="checkbox"/> 3-1-2-4  |
| <input type="checkbox"/> 1-2-4-3  | <input type="checkbox"/> 3-1-4-2  |
| <input type="checkbox"/> 1-3-2-4  | <input type="checkbox"/> 3-2-1-4  |
| <input type="checkbox"/> 1-3-4-2  | <input type="checkbox"/> 3-2-4-1  |
| <input type="checkbox"/> 1-4-2-3  | <input type="checkbox"/> 3-4-1-2  |
| <input type="checkbox"/> 1-4-3-2  | <input type="checkbox"/> 3-4-2-1  |
| <input type="checkbox"/> 2-1-3-4  | <input type="checkbox"/> 4-1-2-3  |
| <input type="checkbox"/> 2-1-4-3  | <input type="checkbox"/> 4-1-3-2  |
| <input type="checkbox"/> 2-3-1-4  | <input type="checkbox"/> 4-2-1-3  |
| <input type="checkbox"/> 2-3-4-1  | <input type="checkbox"/> 4-2-3-1  |
| <input type="checkbox"/> 2-4-1-3  | <input type="checkbox"/> 4-3-1-2  |
| <input type="checkbox"/> 2-4-3-1  | <input type="checkbox"/> 4-3-2-1  |























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| <input type="checkbox"/> 1-4-2-3  | <input type="checkbox"/> 3-4-1-2  |
| <input type="checkbox"/> 1-4-3-2  | <input type="checkbox"/> 3-4-2-1  |
| <input type="checkbox"/> 2-1-3-4  | <input type="checkbox"/> 4-1-2-3  |
| <input type="checkbox"/> 2-1-4-3  | <input type="checkbox"/> 4-1-3-2  |
| <input type="checkbox"/> 2-3-1-4  | <input type="checkbox"/> 4-2-1-3  |
| <input type="checkbox"/> 2-3-4-1  | <input type="checkbox"/> 4-2-3-1  |
| <input type="checkbox"/> 2-4-1-3  | <input type="checkbox"/> 4-3-1-2  |
| <input type="checkbox"/> 2-4-3-1  | <input type="checkbox"/> 4-3-2-1  |








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| <input type="checkbox"/> 1-3-4-2  | <input type="checkbox"/> 3-2-4-1  |
| <input type="checkbox"/> 1-4-2-3  | <input type="checkbox"/> 3-4-1-2  |
| <input type="checkbox"/> 1-4-3-2  | <input type="checkbox"/> 3-4-2-1  |
| <input type="checkbox"/> 2-1-3-4  | <input type="checkbox"/> 4-1-2-3  |
| <input type="checkbox"/> 2-1-4-3  | <input type="checkbox"/> 4-1-3-2  |
| <input type="checkbox"/> 2-3-1-4  | <input type="checkbox"/> 4-2-1-3  |
| <input type="checkbox"/> 2-3-4-1  | <input type="checkbox"/> 4-2-3-1  |
| <input type="checkbox"/> 2-4-1-3  | <input type="checkbox"/> 4-3-1-2  |
| <input type="checkbox"/> 2-4-3-1  | <input type="checkbox"/> 4-3-2-1  |




Write Your Answers Below
NOTES

Total Score _____

	0	5	
	1	6	
	2	7	
	3	8	
	4	9	

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4-H CONSUMER DECISION MAKING GROUP PROCESS SCORESHEET

Judge: 1



	TEAM PARTICIPATION				TEAM PROCESS				TOTAL TEAM SCORE
	Participation All team members participate in group process class	Reading All team members given time to become familiar with the situation	Discussing Speaking and listening skills demonstrated by each team member	Summarizing Reaching consensus based on discussion of options and criteria	Alternatives Variety of options generated	Criteria Expectations necessary for a positive decision are listed	Solution Conclusion reached is explained and reasonable for the situation	Presentation Total team effort is shown: 1. Every member contributes to reach group consensus (10 pts); 2. A clear statement of the group decision is presented (10 pts)	
MAX POINTS	10	10	10	10	10	10	20	20	100
Team									
Anderson									

0



1



2



3



4



5



6



7



8



9

