

District _____ STAR Events

Evaluator Information

Event: Junior or Senior _____

Lead Consultant: _____

Evaluators, please complete the following information.

Evaluator 1: Name: _____

Address: _____

City, Zip Code: _____

email: _____

Evaluator 2: Name: _____

Address: _____

City, Zip Code: _____

email: _____

Evaluator 3: Name: _____

Address: _____

City, Zip Code: _____

email: _____

Lead Consultant Contact Information:

Name: _____

School: _____

Address: _____

City, Zip Code: _____

email: _____

Lead Consultant: Please turn this form in to District Coordinator, along with the District onsite registration sign in form, the lead consultant tally sheet, the rubrics and point summary form for each participant/team in your event.