



**OHIO**  
STATE ASSOCIATION

# **CHAPTER DEGREE**

## **Rubric**

## CHAPTER DEGREE RUBRIC

Student's Name	
Chapter Name	
Enrolled in Family and Consumer Sciences Course or related career field course	
Grade Level	

**ELIGIBILITY (adviser must complete)**

	Yes	No
Affiliated member of FCCLA		
Completed one semester of Family and Consumer Sciences or related career field course		

**QUALIFICATIONS**

	Yes	No
Understands FCCLA organization at state and national level		
Can interpret the organization to others		
Takes part in chapter activities		
<b>Goal A: Individual</b>		
<b>Goal B: Family</b> 1. Activity 2. Activity 3. Activity		
<b>Goal C: FCCLA Chapter</b> 1. Activity 2. Activity 3. Activity		
<b>Goal D: School</b> 1. Activity 2. Activity 3. Activity		
<b>Goal E: Community</b> 1. Activity 2. Activity 3. Activity		
<b>Goal F: Careers</b>		
<b>Goal G: Promote Family and Consumer Sciences Education or related career field</b>		
Clearly stated and concise		
Free of grammatical and spelling errors		
Each activity completed related to a specific goal		
Statements of growth related to a specific goal		

<b>Student's Name</b>			
<b>Chapter Name</b>			
<b>Degree Granted</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>
<b>Chapter President's Signature</b>			
<b>Chapter Adviser's Signature</b>			