

2025 Fairfield County Fair

Meat/Market Goat Skillathon

Name: Club: Age: Skillathon Type:	Is your project book 4-H or FFA? 4-H FFA
	Office Use Only: Grade Finalized Date: _____

Station 1: Interview (20 PTS)	Judges Initials: _____	Station 1
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General Knowledge of Project: _____ # ANSWERED X 2= _____ (5 Questions, 10 PTS total)
 Interview Etiquette: _____ (10 PTS Total)

Station 2: Breeds (20 PTS)	Judges Initials: _____	Station 2
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of Breeds Correct: _____ X 2= _____ PTS (2 PTs per question, 10 breeds total)

Station 3: Diseases (20 PTS)	Judges Initials: _____	Station 3
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of Questions Correct: _____ X 4= _____ PTS (4 PTs per question, 5 questions total)

Station 4: Feed ID (20 PTS)	Judges Initials: _____	Station 4
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of Samples Correct: _____ X 2= _____ (2 PTS per sample, 10 samples total)

Station 5: Project Book (20 PTS)	Judges Initials: _____	Station 5
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Please hand in your book at your interview station. It will be graded at a different time. You will receive your book after it is graded, at the fair. Thank you!

Please have participant sign here at Feed ID Station:		
	Total Score (out of 100)	

Name:

Club:

Age: Skillathon Type:

4-H Meat/Market Goat Project Record Book Rubric

Complete	Partial	Incomplete	
			4-H Information & Interest Areas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Goals and Objectives (pg. 7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Topics of Interest and Summary of Interest Area (pg. 8-9)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Learning Activities (pg. 10-11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Learning Experiences (pg. 12-13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Leadership and Citizenship Activities (pg. 14-15)
			Quality Assurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Medication Label (pg. 17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Medication Insert (pg. 18)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Feed Tag Activity (pg. 27)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Practice Healthy Heard Management (pg. 30-31)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. My Animal's Pen (pg. 32)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Planning for the Care of Your Animal (pg. 33)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Quality Assurance Questions (pg. 34)
			Animal Records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Project Pictures (pg. 36)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Animal Inventory (pg. 37)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Equipment Inventory (pg. 38)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Loss (Death/Mortality) Record (pg. 41)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Treatment Record (pg. 50)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Feed Expense Record (pg. 52-53)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Miscellaneous Expense Record (pg. 54)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Miscellaneous Income Record (pg. 55)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Management Notes (pg. 56)
			TOTAL CHECK MARKS
(2 pts/each)	(1pt/each)	(0pt/each)	
			POINTS PER COLUMN

TOTAL SCORE: _____/42