

## OHIO FCCLA LODGING EVENT HOTEL LINEN OPERATIONS RUBRIC

Name of Participants \_\_\_\_\_  
Region \_\_\_\_\_

School \_\_\_\_\_  
Sub-Region \_\_\_\_\_

(Regional only!)

**Instructions:** Check the indicators demonstrated by the student. Circle the score that best describes the level of performance based on the printed indicators of each element. **Write positive, constructive comments whenever points are lowered to help participants identify their strengths and areas for improvement.**

| SELF INTRODUCTION                                                                                                     |                                                                                                                                     |                                                                                                                                                         |                                                                                                                        |                  |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------|
| <input type="checkbox"/> State name                                                                                   | <input type="checkbox"/> Maintains eye contact                                                                                      | <input type="checkbox"/> Maintains comfortable space between people                                                                                     |                                                                                                                        |                  |
| <input type="checkbox"/> State school                                                                                 | <input type="checkbox"/> Uses appropriate indoor voice                                                                              | <input type="checkbox"/> Demonstrates good posture                                                                                                      |                                                                                                                        |                  |
| <input type="checkbox"/> State project                                                                                | <input type="checkbox"/> Speaks clearly                                                                                             | <input type="checkbox"/> Offers hand and gives firm handshake                                                                                           |                                                                                                                        |                  |
| Does not attempt self introduction<br><b>SCORE 0</b>                                                                  | Attempts introduction and/or exhibits <b>5 or fewer indicators.</b><br><b>SCORE 1 2 3</b>                                           | Introduction lacks confidence and/or exhibits <b>6-7 indicators.</b><br><b>SCORE 4</b>                                                                  | Confident, clear self introduction and/or exhibits <b>8-9 indicators.</b><br><b>SCORE 5</b>                            | <b>COMMENTS:</b> |
| PROFESSIONAL APPEARANCE/ATTIRE/GROOMING:                                                                              |                                                                                                                                     |                                                                                                                                                         |                                                                                                                        |                  |
| <input type="checkbox"/> Spotless, pressed uniform according to industry standards                                    | <input type="checkbox"/> No jewelry                                                                                                 | <input type="checkbox"/> Cleans nails, short nail length, and no nail polish                                                                            |                                                                                                                        |                  |
| <input type="checkbox"/> Uniform appropriately sized to body                                                          | <input type="checkbox"/> Light makeup or no makeup, if appropriate                                                                  | <input type="checkbox"/> Body is free of odors                                                                                                          |                                                                                                                        |                  |
| <input type="checkbox"/> Shoes are clean and safe                                                                     | <input type="checkbox"/> Hair is controlled, clean, and away from face                                                              | <input type="checkbox"/> Team members' uniforms match                                                                                                   |                                                                                                                        |                  |
| Appearance, attire, and grooming need improvement and/or exhibits <b>3 or fewer indicators.</b><br><b>SCORE 0 1 2</b> | Appearance, attire, and grooming lack a professional image and/or exhibits <b>4-8 indicators.</b><br><b>SCORE 3 4</b>               | Professional appearance, attire, and grooming exhibiting <b>all 9 indicators.</b><br><b>SCORE 5</b>                                                     | <b>COMMENTS:</b>                                                                                                       |                  |
| ** INVENTORY COMPONENT:                                                                                               |                                                                                                                                     |                                                                                                                                                         |                                                                                                                        |                  |
| <input type="checkbox"/> Works with partner to complete inventory sheet                                               | <input type="checkbox"/> Assignment is completed within designated time allotment                                                   |                                                                                                                                                         |                                                                                                                        |                  |
| <input type="checkbox"/> Team members effectively communicate during assignment                                       | <input type="checkbox"/> The correct value for PAR was used to complete the assignment                                              |                                                                                                                                                         |                                                                                                                        |                  |
| <input type="checkbox"/> Participants demonstrate active listening skills to obtain and clarify information           | <input type="checkbox"/> All writing and computation was confined to assignment page                                                |                                                                                                                                                         |                                                                                                                        |                  |
| <input type="checkbox"/> Knowledge of inventory standards evident in answers                                          | <input type="checkbox"/> Team members made accurate computations                                                                    |                                                                                                                                                         |                                                                                                                        |                  |
| Fails to complete assignment.<br>Lack of industry knowledge.<br><br><b>SCORE 0</b>                                    | Attempts assignment.<br>Answers and computation lacks industry knowledge and/or exhibits <b>3-5 indicators.</b><br><b>SCORE 1 2</b> | Assignment is completed. <input type="checkbox"/><br>Answers reflect some industry knowledge and/or exhibits <b>6-7 indicators.</b><br><b>SCORE 3 4</b> | Assignment is completed.<br>Answers reflect industry knowledge and exhibits <b>all 8 indicators.</b><br><b>SCORE 5</b> | <b>COMMENTS:</b> |
| SAFETY AND SANITATION:                                                                                                |                                                                                                                                     |                                                                                                                                                         |                                                                                                                        |                  |
| <input type="checkbox"/> When moving or folding clean linen avoid contact with body or uniform                        | <input type="checkbox"/> Keeps clean linen off floor – if falls onto floor notifies evaluator                                       |                                                                                                                                                         |                                                                                                                        |                  |
| <input type="checkbox"/> Works with partner to move tables                                                            | <input type="checkbox"/> If hands become contaminated by touching hair, face, body, etc., re-sanitize with dry hand sanitizer       |                                                                                                                                                         |                                                                                                                        |                  |
| <input type="checkbox"/> Moves equipment safely (doesn't knock into walls, furniture, other equipment, each other)    |                                                                                                                                     |                                                                                                                                                         |                                                                                                                        |                  |
| Unsafe or unsanitary practices.<br><br><b>SCORE 0</b>                                                                 | Concern with safety and sanitary issues and/or exhibits <b>3 or fewer indicators.</b><br><b>SCORE 1 2 3 4 5 6 7</b>                 | Safety and sanitary practices need to be strengthened and/or exhibits <b>4 indicators.</b><br><b>SCORE 8 9</b>                                          | Maintains safe and sanitary conditions during the event exhibiting <b>all 5 indicators.</b><br><b>SCORE 10</b>         | <b>COMMENTS:</b> |