

 **TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    JUDGE CODE: \_\_\_\_\_\_\_\_\_\_**

**On a scale of 1 to 5 with 5 being the highest, please rate the submission in the following areas. You may use ½ point increments to help avoid ties.**

**DO NOT use any other increments or change the format of the score sheet.**

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|  | Score |
| The opening is engaging, grabs the reader, and hooks them in. |  |
| The setting provides the reader a clear picture of the story world. The setting provides the reader with sensory details.   |  |
| The protagonist(s) is(are) clearly identified, is(are) interesting and original.   |  |
| The conflict and stakes are clear, well established, without giving too much away.   |  |
| The dialogue is believable, natural, well-crafted and moves the story along. The dialogue flows smoothly and is not broken with description and action tags.  |  |
| The structure offers essential information, keeps the reader informed and is free of information dumping and/or too much backstory. The scene(s) move(s) the story forward and develop(s) character conflict. |  |
| The POV is clearly established and remains consistent throughout the submission. |  |
| The voice is well established, distinct, and lends a unique perspective to the story.   |  |
| The story is written in a style that reflects the diversity and inclusion mission of WFWA. Please refer to judging directions for additional information. |  |
| The submission is free of typos, spelling, punctuation, and grammar errors. |  |
| The submission is ready for agent submission. |  |
| **TOTAL SCORE:** |  |

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| Please provide the writer with at least two elements you enjoyed about the submission and at least two elements that need improvement. You may leave more feedback. Please remember all feedback should be professional and constructive. |
| Comments: |

**If you wish to remain anonymous, you may. If you enter your name below, you are granting us permission to inform the entrant that you judged their entry.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_