

Tri-State Region Rating Evaluation Form
CANDIDATE

Member Name _____

Parent Name's _____

Member Club _____

Test Club(s) _____

Test Levels/Type (HM, Flat, Jumping) _____

Test Date _____ Cost of Test _____

Cost of miscellaneous expenses (stabling, food, hotel)

Examiner(s) _____

To maintain a high level of standardization and quality in our Club Level Ratings program, we would like your impression of the test, the facilities, the impartial observer, and the examiners. Please take a few moments to fill out this questionnaire and return it to Shannon Morrow.

Please circle your level of agreement with each of the following statements:

1=Strongly Agree; 2=Somewhat Agree; 3=Somewhat Disagree;
4=Strongly Disagree

For young candidates, parents please assist with evaluation.

The test was well organized	1	2	3	4	N/A
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I was given a schedule ahead of time	1	2	3	4	N/A
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The test followed the schedule	1	2	3	4	N/A
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I was aware of the standards I was being tested on

1	2	3	4	N/A
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The standards were tested accurately/fairly

1	2	3	4	N/A
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My club level instruction prepared me well for the test

1	2	3	4	N/A
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I was given adequate opportunity to articulate my level of knowledge

1	2	3	4	N/A
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I was given adequate opportunity to demonstrate my level of competence

1	2	3	4	N/A
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Candidates were given adequate opportunity to express opinions

1	2	3	4	N/A
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The test was a learning experience	1	2	3	4	N/A
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There was adequate time for discussion after the test

1	2	3	4	N/A
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There was an impartial observer (IO) at the test

Yes/No

