

Tri-State Region Rating Evaluation Form
EXAMINER

Examiner name _____

Test Club(s) _____

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

Test Date _____ Test fee paid _____

Cost of miscellaneous expenses (stabling, food, hotel) _____

Miscellaneous expenses paid by club? Yes/No

Organizer(s) of test _____

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

The test was well organized 1 2 3 4 N/A

I was given a schedule ahead of time 1 2 3 4 N/A

The test followed the schedule 1 2 3 4 N/A

The test sheets were available and well-organized

1 2 3 4 N/A

The standards were available during the test

1 2 3 4 N/A

The candidates were well-prepared for the test

1 2 3 4 N/A

I was given adequate opportunity for discussion with candidates

1 2 3 4 N/A

I was given adequate opportunity to test candidates fairly and accurately for the standards

1 2 3 4 N/A

Candidates were given adequate opportunity to express opinions

1 2 3 4 N/A

I was given adequate time to complete paperwork

1 2 3 4 N/A

The test was a learning experience

1 2 3 4 N/A

There was adequate time for discussion after test

1 2 3 4 N/A

There was an impartial observer (IO) at the test

Yes/No

The facility was appropriate for the test

1 2 3 4 N/A

TEST STATISTICS:

Candidates: _____

MS: _____

DNMS: _____

Withdrawals: _____ (why? _____

_____)

Possible to Re-Test: _____