

Tri-State Region Rating Evaluation Form  
ORGANIZER

Test Club(s) \_\_\_\_\_

Test Levels/Type (HM, Flat, Jumping) \_\_\_\_\_

Test Date \_\_\_\_\_

Examiner(s) \_\_\_\_\_

Scribes \_\_\_\_\_

Impartial Observer \_\_\_\_\_

Organizer \_\_\_\_\_

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 Examiner was easy to reach and communicate with

1    2    3    4    N/A

The standards were tested accurately and fairly

1    2    3    4    N/A

The facility was appropriate for the test

1    2    3    4    N/A

The test was kept on schedule

1    2    3    4    N/A

The test was well-organized

1    2    3    4    N/A

Candidates were well-prepared

1    2    3    4    N/A

Candidates were given adequate opportunity to articulate level  
of knowledge

1    2    3    4    N/A

Candidates were given adequate opportunity to demonstrate  
level of competence

1    2    3    4    N/A

Candidates were given adequate opportunity to express opinions

1    2    3    4    N/A

The test was a learning experience

1    2    3    4    N/A

There was adequate time for critique

1    2    3    4    N/A

The comfort of the horses was important during the test  
(adequate food/water/rest/shade)

1    2    3    4    N/A

The comfort of the candidates was important during the test  
(adequate food/water/rest/shade)

1    2    3    4    N/A

