

REPRESENTATIVE EVALUATION FORM

This form must be completed by the Trial Secretary and mailed with post trial paperwork. Complete one form for each Representative.

GENERAL INFORMATION	
Representative Name:	
Trial Secretary Name:	
Club/Host Name:	
Trial Date:	
REPRESENTATIVE FOR CLASS(ES) BELOW	
<input type="checkbox"/> STARTER NOVICE	<input type="checkbox"/> NOVICE
<input type="checkbox"/> OPEN	
<input type="checkbox"/> UTILITY	<input type="checkbox"/> VERSATILITY
EVALUATION QUESTIONS	
Rank each statement below using the scale 1 – 5 (1 = Unsatisfactory; 5 = Excellent):	
1.	Demonstrates solid understanding of trial guidelines.
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
2.	Demonstrates solid understanding of ring procedure.
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
3.	Resolved any disputes amicably.
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
4.	Acted in a professional manner.
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
5.	On time, courteous and friendly.
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
6.	Maintained a visible and active presence.
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

COMMENTS

Please make additional comments, as necessary:

Mail completed evaluation to:

Golden Rule School for Dogs
Attn: Sandi Ver Sprill
23 Morris Sussex Tpke
Andover, NJ 07821