

Oregon Region Rating Evaluation

**Impartial Observer**

**D1 – C2**

Name: \_\_\_\_\_ Club(s): \_\_\_\_\_

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

Levels Tested	Total Candidates for level?	How Many Passed?	Withdrew?	Retest needed?	Retest Section?

Did the Examiner(s) use the time wisely and efficiently? Why or Why not?  
\_\_\_\_\_

Did the Examiner(s) provide helpful instruction without teaching too much? Please explain:  
\_\_\_\_\_

Did the Examiner(s) show maturity and tact when handling difficult situations? \_\_\_\_\_  
\_\_\_\_\_

Were there any unusual circumstances? Please explain? \_\_\_\_\_  
\_\_\_\_\_

Was the testing facility adequate for the levels tests? Why or why not? \_\_\_\_\_  
\_\_\_\_\_

In your opinion what were the Examiner(s) good at? \_\_\_\_\_  
\_\_\_\_\_

What could the Examiner(s) improve on? \_\_\_\_\_  
\_\_\_\_\_

PIP Examiner Name \_\_\_\_\_

The examiner was:

#1	Yes	No	Sometimes	Comments or examples
Courteous				
Fair				
Helpful				
Friendly				
Knowledgeable				
On Time				
Gave clear directions				
Let candidates ask questions				
Listened to candidates				
Mature				
Open to suggestions				
Took Initiative				
Effective and Efficient				
Prepared				
Safety Awareness				
Interacted well with Adults				

2<sup>nd</sup> Examiner Name: \_\_\_\_\_

#1	Yes	No	Sometimes	Comments or examples
Courteous				
Fair				
Helpful				
Friendly				
Knowledgeable				
On Time				
Gave clear directions				
Let candidates ask questions				
Listened to candidates				
Mature				
Open to suggestions				
Took Initiative				
Effective and Efficient				
Prepared				
Safety Awareness				
Interacted well with Adults				

Was the facility adequate for:

	Yes	No	Comments
Flat Work			
Stadium			
XC			
HM			
Bathrooms			
Stabling			

Thank you for your help today! Please collect all evaluation forms (yours, candidates, examiners) and mail or e-mail them to the regions certification organizer.