



**COMPETITORS' EVALUATION OF ADS JUDGES, TECHNICAL DELEGATES, AND ORGANIZERS**  
 (TO BE CONSIDERED ONLY IF COMPLETED BY ADS MEMBERS)



**COMPETITION NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

This form is provided to give ADS members an opportunity to evaluate the ability of ADS licensed officials and show organizers. The ADS hopes that members will take the time to report on both positive and negative issues. *These evaluations are confidential and may be used by the ADS to investigate any incident which warrants further study.*

**Please complete one form per official/organizer. If necessary, ask the organizer for more forms, or download them from the ADS website.**

Please rank on a scale of 1-10. 10 = Excellent; 9 = Very Good; 8 = Good; 7 = Fairly Good; 6 = Satisfactory; 5 = Marginal; 4 = Insufficient; 3 = Fairly Bad; 2 = Bad; 1 = Very Bad. If giving a score of 6 or lower, please provide an explanation below or on the back of this form.

**EVALUATION OF JUDGE**

**Name of Judge:** \_\_\_\_\_  
 Proficiency at judging classes \_\_\_\_\_  
 Diplomacy when offering criticism \_\_\_\_\_  
 Willingness to answer questions \_\_\_\_\_  
 Conduct with competitors \_\_\_\_\_  
 Impartiality \_\_\_\_\_  
 Preparedness \_\_\_\_\_  
 Ability to assess safety problems \_\_\_\_\_  
 Ability to assess soundness \_\_\_\_\_  
 Consistency in scoring (dressage) \_\_\_\_\_  
 Appropriateness of remarks \_\_\_\_\_  
 Understanding of class specifications/levels \_\_\_\_\_  
 Would you show before this judge again? Yes No  
 Further comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EVALUATION OF TECHNICAL DELEGATE**

**Name of Technical Delegate:** \_\_\_\_\_  
 Knowledge of rules \_\_\_\_\_  
 Ability to handle problems \_\_\_\_\_  
 Willingness to answer questions \_\_\_\_\_  
 Conduct with competitors \_\_\_\_\_  
 Impartiality \_\_\_\_\_  
 Preparedness \_\_\_\_\_  
 Ability to recognize safety problems \_\_\_\_\_  
 Ability to assess appropriateness of course  
 for levels offered \_\_\_\_\_  
 Further comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NAME OF ADS MEMBER:**

\_\_\_\_\_   
 ADS Membership Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**EVALUATION OF ORGANIZER**

**Name of Organizer:** \_\_\_\_\_  
 Stabling \_\_\_\_\_  
 Sound System \_\_\_\_\_  
 Secretary's Office \_\_\_\_\_  
 Conduct with competitors \_\_\_\_\_  
 Rings and courses \_\_\_\_\_  
 Other facilities (portable toilets, catering, etc.) \_\_\_\_\_  
 Sensitivity to safety and fairness \_\_\_\_\_  
 Ability to handle problems \_\_\_\_\_  
 Social activities \_\_\_\_\_  
 Did the competition start and run on time? Yes No  
 Would you attend this competition again? Yes No  
 Further comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

At this competition I was a:  
 Owner      Driver      Groom  
 Spectator      Other

Signature: \_\_\_\_\_  
*(must be signed to be considered)*

Please return **within 10 days of competition to:**

AMERICAN DRIVING SOCIETY  
 PO Box 278  
 Cross Plains, WI 53528