

Clinic Evaluation Form

Date: _____

Clinician(s): _____

Your name: _____ Member Parent

1. Was the clinic what I anticipated? In what way?

2. I would have liked the clinicians to spend more time doing the following:

3. I would have liked the clinicians to spend less time doing the following:

4. I feel this clinic really helped me (my child) prepare for riding this discipline by providing:

5. What I liked best about this clinic was:

6. What I liked least about this clinic was:

7. I would to see future Regional clinics for the following:

	Very True	Somewhat True	Not True
The dates were convenient			
The clinician seemed knowledgeable			
The location was reasonable			
The facility was adequate			
The Host and Organizer were clear in their expectations			
The clinic covered the stated material well			

Please return to your clinic coordinator, or mail to: Cheryl Parsons, 437 Whitten Ridge Road, Milton, WV 25541