

## Clinicians Evaluation Form

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

Clinician(s): \_\_\_\_\_

1. Was the clinic what I anticipated? In what way?
  
2. I would have liked more time to do the following:
  
3. I would have liked less time to do the following:
  
4. I feel this clinic really helped the participants prepare for riding this discipline by providing:
  
5. Overall the participants were lacking in the following skills/knowledge:
  
6. Overall the participants excelled in the following skills/knowledge:
  
7. Future Regional clinics should include the following:

	Very True	Somewhat True	Not True
The dates were convenient			
The location seemed reasonable for the riders			
The location was reasonable for me			
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