WE UNITED POST SHOW TECHNICAL DELEGATE EVALUATION FORM

(VERSION 17.11.01)

Show Manager to complete and return to competitions@weunited.us w/in 14 days of conclusion of the competition. This evaluation will be used by the Show Licensing and Oversight Committee and the Licensed Officials Committee in their duties. This form will not be shared with the technical delegate (TD) evaluated.

Competition Name_____ Date(s)_____

Competition License #_____ TD's Name_____

Type of License ☐ B-Rated ☐ A-Rated ☐ Regional Championship ☐ National Championship

Please rate the following on a 5 point scale (1=unsatisfactory, 2=needs improvement, 3=acceptable, 4=good, 5=excellent)

- TD's professionalism ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Don't Know
- TD's impartiality ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Don't Know
- TD's attitude/demeanor toward exhibitors ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Don't Know
- TD's handling of problems and questions ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Don't Know
- TD's accessibility and visibility ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Don't Know
- TD's openness to exhibitor questions/concerns. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Don't Know
- TD's knowledge of the rules ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Don't Know
- TD's interaction/coordination with other show personnel ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Don't Know
- TD had a copy of the rules ☐ Yes ☐ No

- Please provide any additional information that is pertinent or helpful in describing the TD or their performance.

Show Manager's Name _____

Signature_____ Date_____