

TECHNICAL DELEGATE TRAINING TRAINEE TD EVALUATION FORM



To be completed by the Supervising Technical Delegate and submitted along with their Technical Delegate Report.

Trainee TD Name							
Supervising TD Name							
Event Name							
Event Venue							
Grades Offered (please tick)	PC	<input type="checkbox"/> 45	<input type="checkbox"/> 65	<input type="checkbox"/> 80	<input type="checkbox"/> 95	<input type="checkbox"/> 105	<input type="checkbox"/> 1*
	Open	<input type="checkbox"/> 45	<input type="checkbox"/> 65	<input type="checkbox"/> 80	<input type="checkbox"/> 95	<input type="checkbox"/> 105	<input type="checkbox"/> 1*
Did the classes have sufficient obstacles at the specified standard (80%) to be considered as a qualifying course?						<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please rate the following activities performed by the trainee using the scale indicated below.			
1 – Very good, 2 – Sound, 3 – Satisfactory, 4 – Needs Work, 5 - Poor			
	Area	Rating	Provide Examples of how this was shown. Additional Comments must be included for areas that require attention.
1	Interpersonal skills & communication with event organiser		
2	Interpersonal skills & communication with other officials (Dressage Judges, CD, Jumping Designer/Judge)		
3	Interpersonal skills & communication with Riders		
4	Interpersonal skills & communication with volunteers and/or public		
5	Risk management – understanding & implementation		
6	Problem Solving		

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	Area	Rating	Provide Examples of how this was shown. Additional Comments must be included for areas that require attention.
7	Decision making & interpretation skills		
8	Management of issues, crisis and conflict resolution		
9	Disciplinary measures		
10	Knowledge of and implementation of all applicable rules		
11	Measuring of distance, obstacle heights and spreads, correct securing of all portable obstacles, and map data.		
12	Ability to make the 'hard' decision		
13	Checking of Results. (All scores, including cross country analysis)		
14	Overall Competency Rating		

General Comments:

Please provide comment on any other areas you feel you require further training.

Completed by Supervising TD: I acknowledge that this assessment has been completed independently of the Trainee TD, and confirm this is an accurate estimation of the Trainee's performance.

Signed: (Supervising TD) _____