

NW Region D1-C2 Examiner Certification Evaluation Form

*Please give as much information as possible; your feedback, while staying confidential, will be used to help improve future testings in this region. Use the back of this page for more space if necessary.

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Club(s) Testing: _____ Location: _____

How many candidates:

	Tested	MS	DNMS	Withdrew & Why	Retest & What Sections
D1	_____	_____	_____	_____	_____
D2	_____	_____	_____	_____	_____
D3	_____	_____	_____	_____	_____
C1	_____	_____	_____	_____	_____
C2	_____	_____	_____	_____	_____

Where the candidates sufficiently prepared? YES NO Somewhat

What mounted sections were the candidates best prepared for? _____

What mounted sections were the candidates weakest in? _____

In general, what areas of the standards does this club need to focus instruction on? _____

What HM sections were the candidates best prepared for? _____

What HM sections were the candidates weakest in? _____

How could the candidates be better prepared? _____

Was the test kept on schedule? Why or why not? _____

Were there any unusual circumstances? Please explain: _____

Was the testing facility adequate for all levels tested? _____

Did you receive good support from the organizer/DC? Please explain: _____

What could this club do to improve success and organization of future testings? _____

If applicable, apprentice examiners name: _____

What were the strengths and weaknesses of this examiner? _____

Thank you for your service to the Pony Clubbers of the Northwest Region!