

USDF Adult Clinic Series

REGION _____

Name of Clinician: _____ Date: _____

Location: _____

Please return the completed evaluation form to the **clinic organizer**, or mail to: **USDF; Attn: Adult Clinic Coordinator, 4051 Iron Works Parkway, Lexington, KY 40511**. Your comments will help us in planning future educational events.

Please rate the following questions on a 1 to 5 scale:

5 = Strongly Agree, **4** = Agree, **3** = Undecided/Neutral, **2** = Disagree, **1** = Strongly Disagree

_____ Clinician communicated her techniques and philosophy to my satisfaction.
Additional Comments:

_____ I would like to attend a USDF live program again in the future. Additional Comments:

_____ Clinician was organized and had command of the program. Additional Comments:

What was the best part of the program?

Do you have specific suggestions for USDF in terms of the type and format of educational events? Which presenters would you like to see featured at a future program?

_____ Were you pleased with the program format?
Was it helpful to you in your training education?
Additional Comments:

_____ The clinic riders and horses were suitable for the program. Additional Comments:

What is the highest level at which you have competed?

Are you a dressage instructor?

_____ I was pleased with the facility and on-site arrangements. Additional Comments:

No _____ Yes _____ Levels _____

Where or how did you find out about this clinic?

_____ The clinic staff and volunteers were pleasant, helpful, and organized. Additional Comments:

Other comments: