



UNITED STATES *Dressage* FEDERATION

USDF Instructor/Trainer Program

USDF

Organizer's Evaluation Form; Workshops/Pre-Certifications/Test

To be filled out by Organizers after each program. Send to: USDF, Attn: Instructor/Trainer Program Liaison, 4051 Iron Works Parkway, Lexington, KY 40511

Activity Organized

- Riding Workshop
 Lungeing Workshop
 Teaching Workshop
 Pre-Certification clinic (mock-testing)
 Testing

Date: _____ Location of program: _____

Name of Workshop Instructor/Examiners: _____

Please rate the following on a 1 to 5 scale:

- 5 = Strongly Agree
4 = Agree
3 = Undecided/neutral
2 = Disagree
1 = Strongly Disagree

1. _____ The USDF website was easy to negotiate.

Comments:

2. _____ The USDF website contained all the information necessary for the application process.

Comments:

3. _____ The USDF Organizer Guidelines contained all the information necessary to organize this activity.

Comments:

4. _____ The USDF Instructor/Trainer Liaison was easy to reach.

Comments:

5. _____ The USDF Instructor/Trainer Liaison responded to my questions in a timely manner.

Comments:

6. Additional comments/suggestions about the USDF Instructor Program: