



UNITED STATES *Dressage* FEDERATION
USDF Off-Campus University Program

Event Evaluation-to be completed by all participants

Region: _____ Sponsoring GMO/other Organization _____

Event Organizer/Point of Contact: _____

Title of Program: _____

Rate the following criteria on a scale of 1-5 with 1 being the lowest rating and 5 being the highest rating:

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

1. _____ The material was presented in an organized fashion.

Comments:

2. _____ The instructor explained the material to my satisfaction.

Comments:

3. _____ The instructor had command of his/her subject matter.

Comments:

4. _____ The instructor communicated his/her ideas well.

Comments:

5. _____ The instructor encouraged interaction from the participants.

Comments:

6. _____ The horses & riders used were appropriate (if applicable).

Comments:

7. _____ The facilities were adequate.

Comments:

8. _____ Adequate time was allowed for the topics presented.

Comments:

9. Additional comments/suggestions:

Thank you

Return evaluation form to: USDF, Attn: USDF University Liaison

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