



JUDGE EVALUATION FORM

**Incomplete and unsigned forms will not be accepted*

Name of Judge: _____

District Meet and dates judged: _____

Person filling out evaluation: (Must include name AND what role you have in OHSET i.e. coach, parent, athlete, district official.)

Please rate the following categories:

Poor	Needs Improvement	Average	Better than average	Excellent
------	-------------------	---------	---------------------	-----------

Efficient while judging:	1	2	3	4	5
Professional:	1	2	3	4	5
Prepared:	1	2	3	4	5
OHSET rules knowledgeable:	1	2	3	4	5
Courteous:	1	2	3	4	5

Competence in the following areas: (list classes judged below)

_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5

Additional Comments: _____

Signature

Date

Mail completed forms to: JoAnn Oswald 31404 Franks Creek Rd Dayville OR 97825