



OFFICIALS PROGRAM

STEWARD PERFORMANCE EVALUATION REPORT

PROMOTION TO RECORDED 2 GENERAL OR JUMPING STEWARD

Name of Steward Applicant: _____ EC Number: _____
 Name of Evaluator: _____
 (Sr. or Sr. National Steward) _____

Competition Name:		Competition Date:	
Number of competition days observed:		<input type="checkbox"/> Under 50 horses <input type="checkbox"/> 50 – 150 horses <input type="checkbox"/> Over 150 horses	
Stabling on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Size of competition:	
Reviewed Prize List and Entry Form Approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Review of Jumps Checklist completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMC Technician on site for equine medication control testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stabling Walk Through Checklist completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concussion or accident protocols applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reviewed Pony Measurement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Instructions for Completing the Performance Evaluation

All categories must be filled, either with a score from the Rating Scale or "Not Observed".
 Comments are required for all 1 and 2 ratings.

Initials	No.	Category	Rating Scale					Not Observed
			1	2	3	4	5	
	1	Preparation and Organization	1	2	3	4	5	Not Observed
	2	Rules: Knowledge & Application	1	2	3	4	5	Not Observed



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Initials	No.	Category	Rating Scale					Not Observed
			1	2	3	4	5	
	3	Communication Skills - Articulating / Listening and Understanding	1	2	3	4	5	Not Observed
	4	Observation Skills	1	2	3	4	5	Not Observed
	5	Ethics – Confidentiality & Discretion	1	2	3	4	5	Not Observed
	6	Attitude: Acceptance of Feedback	1	2	3	4	5	Not Observed
	7	Appearance	1	2	3	4	5	Not Observed



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Comments (if additional space required):

Evaluator recommends promotion: <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Applicant: _____ Date: _____

Signature of Evaluator: _____ Date: _____

A copy of this evaluation, along with any completed Stabling Walk Through and Review of Jumps Checklists, must be sent to Equestrian Canada by the evaluating steward.

Equestrian Canada
Officials Program
c/o House of Sport, 2451 Riverside Drive, Ottawa ON K1H 7X7
Tel: (613) 287-1515, Fax: (613) 248-3484,
E-mail: officials@equestrian.ca