



OFFICIALS PROGRAM

STEWARD PERFORMANCE EVALUATION REPORT

PROMOTION TO FEI LEVEL 1 JUMPING STEWARD

Name of Steward Applicant: _____ EC Number: _____

Name of Evaluator:
(FEI Level 2/3/4 Jumping Steward): _____

FEI Competition Name: _____		Competition Date: _____	
Number of competition days observed: CSI <input type="checkbox"/> 1* <input type="checkbox"/> 2* <input type="checkbox"/> 3* <input type="checkbox"/> 4* <input type="checkbox"/> 5* Must have OC approval		Size of competition: <input type="checkbox"/> Under 50 horses <input type="checkbox"/> 50 – 150 horses <input type="checkbox"/> Over 150 horses	
Performed pre-competition tack control? <input type="checkbox"/> Yes <input type="checkbox"/> No		Review of Jumps Checklist completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Performed post-competition boot and bandage control? <input type="checkbox"/> Yes <input type="checkbox"/> No		Stables and Grounds Monitoring Checklist completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Shadowed competition warm-up arena? <input type="checkbox"/> Yes <input type="checkbox"/> No		Shadowed horse inspection? <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	1	Preparation and Organization	1	2	3	4	5	Not Observed
2	2	Knowledge of FEI Veterinary Regulations	1	2	3	4	5	Not Observed
	3	Knowledge of FEI Jumping Rules	1	2	3	4	5	Not Observed



Initials	No.	Category	Rating Scale					Not Observed
	4	Knowledge of FEI Horse/Tack Rule Apps	1	2	3	4	5	Not Observed
	5	Review of FEI Jumping Exercises Manual	1	2	3	4	5	Not Observed
	6	Knowledge of Roles and Responsibilities (GJ, VD, FS, CD, FJ, Treating Vets, Therapists, Stable Manager and OC)	1	2	3	4	5	Not Observed
	7	Problem Solving & Decision Making	1	2	3	4	5	Not Observed
	8	Review of Night Stewarding and Security	1	2	3	4	5	Not Observed
	9	Review of Horse Check-ins and Temperatures	1	2	3	4	5	Not Observed



Initials	No.	Category	Rating Scale	Not Observed
	10	Attitude: Acceptance of Feedback	1 2 3 4 5	Not Observed

Evaluator recommends promotion: Yes No

Signature of Applicant: _____ Date: _____

Signature of Evaluator: _____ Date: _____

A copy of this evaluation, along with any completed Stables and Grounds Monitoring, and Review of Jumps Checklists, must be sent to Equestrian Canada by the evaluating steward. A copy must be supplied to the applicant after reviewing the evaluation with them.

Equestrian Canada - Officials Program