

SHADOW JUDGE ASSESSMENT FORM



Name of Candidate				
Candidate's Current Level				
Postal Address of Candidate				
E-Mail address of candidate			Phone No	
Event & Venue				
Event date				
Test level and number e.g., 2C			No of Horses	
Name of Judge Educator/Mentor				
1. Presentation & behaviour of car	ndidate:			
2. Organisation of the Shadow Jud 3a) Placings/rankings, were they co			epancies)	
3b) Spread of final scores (complete	ed helow)			
Mentor			Candidate	
Highest final score – lowe	st final score			
3c) number of 8% or more difference	ces to Mentor (5% if I	FEI level test)		

4. Correct u	se of single marks				
a) No of times	s marks of 1.5 difference				
b) No of times	s marks of 2.0 difference				
c) No of times	marks more than 2 difference				
d) Ability to u	se appropriate spread of marks	·			
e) Acceptable	use of half marks				
5a) Correlatio	n between marks & remarks				
5h) O					
ob) Correct u	se of technical language				
6.Further rem	narks – note serious mistakes or o	missions (please atta	ch a separate page if more room neede	ed)	
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Assessment - Pls tick	Very Good	Good	Satisfactory		
	Needs more training				
Candidate					
Signature					
JE/Mentor					
Signature					
	Only positive Shadow	Judging assessments of	can be submitted		
The .IF/Mentor	or the candidate will be responsil	hle for destroving/shr	edding all test sheets responsibly as p	er the	
	o. ale canalaute will be responsit	ord ror acourtyring/orn	caaring air toot oricoto resperisibly as p	J. 1110	

Privacy Act