



CFA CLERKING EVALUATION

CONFIDENTIAL

IMPORTANT NOTE TO EVALUATORS/CLERKS:

UNDER NO CIRCUMSTANCES IS THE CLERK TO RECEIVE THE EVALUATION DIRECTLY FROM THE EVALUATOR FOR THEIR OWN ASSESSMENT!

The clerk must provide an envelope. The evaluator may hand carry the evaluation in a sealed envelope to the Master Clerk, or if they choose to mail this form, the clerk must provide a stamped envelope addressed to:

**CFA Clerking Department
260 East Main Street, Alliance, OH 44601**

This section is to be completed by CLERK. PLEASE PRINT LEGIBLY. No credit will be given for incomplete evaluations.

NAME (Last, First, Middle Initial)

ADDRESS (Number, Street, City, State, Country, Zip/Postal Code)

NAME OF SPONSORING CLUB

DATE

RING TYPE IF RING CLERK

CURRENT LICENSE: Not Licensed Certified Clerk Master Clerk Master Clerk Instructor

PERFORMED AS: Assistant Clerk Chief Ring Clerk Assistant Master Clerk Master Clerk Assistant Master Clerk Instructor

The following section is to be completed by the EVALUATOR. No credit will be given for incomplete evaluations.

Clerk performed as:

Assistant Ring Clerk (Trainee)	Chief Ring Clerk
Chief Ring Clerk	Judge
Chief Ring Clerk (final two)	Master Clerk-in-Charge and Judge
Assistant Master Clerk	Master Clerk-in-Charge
Master Clerk-in-Charge	Show Secretary
Clerking School Assistant Instructor	Clerking School Instructor

Required Evaluator:

EVALUATION RATING: Outstanding Very Good Good Fair Unacceptable

- | | | |
|---|------------------------------|-----------------------------|
| 1. Was the clerk available and consistently at his/her station? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Did the clerk have a good understanding of show mechanics? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Did the clerk have good ring or master clerk management skills? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Did the clerk interact well with Judges, stewards, exhibitors, spectators? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Would you request and work with this clerk again? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Was the catalog marked accurately? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Was the catalog marked neatly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The following questions are for the Master Clerk-in-Charge for the final two assignments on non-licensed clerks.

- | | | |
|--|------------------------------|-----------------------------|
| 8. Were Judge's pages delivered to Master Clerk in a timely manner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Did the clerk catch mistakes prior to bringing pages to Master Clerk for posting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments (use back if necessary): _____

EVALUATOR: Judge Master Clerk-in-Charge Chief Ring Clerk Show Secretary Master Clerk Instructor

Printed Name: _____ Signature: _____