

VA State 4-H Qualifying Clinics Youth Evaluation Sheet

Rider

Name: _____ **Date:** _____ **Class:** _____

	Needs Improvement	Acceptable
<u>Attire:</u>		
Fit	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate	<input type="checkbox"/>	<input type="checkbox"/>
<u>Tack:</u>		
Fit	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate	<input type="checkbox"/>	<input type="checkbox"/>

	Unacceptable			Exceptional	
	1	2	3	4	5
<u>Horse's Grooming:</u>	1	2	3	4	5
<u>Conditioning:</u>	1	2	3	4	5
<u>Performance:</u>	1	2	3	4	5
<u>Preparedness to show:</u>	1	2	3	4	5
<u>Appropriateness of horse to rider's skill level:</u>	1	2	3	4	5
<u>Ability to keep horse under control and on task:</u>	1	2	3	4	5
<u>Understanding of class routine:</u>	1	2	3	4	5
<u>Understanding of rules and safety:</u>	1	2	3	4	5

Comments:

Clinician Signature: _____