

Please check one:

- Rider
- Auditor



CVDA Clinic Assessment

CVDA wants to serve its membership by providing the best clinics and events with the most qualified leaders in our sport. Therefore, we ask that you spend five minutes to complete this assessment form in order to give us feedback. Thank you for your time!

Clinic/Event: _____ **Date:** _____

■ Clinician/Clinic

Clinician: _____ Facility: _____

- Did you find this event useful in that it enhanced your knowledge of dressage or your ability to ride?

- Was the clinician clear in her/his teaching? Did you have your questions answered?

- What is one thing you learned that you will take with you?

- Would you want to have CVDA invite this person back again? If not, why?

■ Facilities:

- Was the facility adequate? Arena Seating Restrooms Parking Acoustics

- What suggestions do you have for improvement? _____

■ CVDA Management

- Did you find the event easily? Yes No If not, what was the problem? _____

- Were you greeted/informed about the day, any changes in schedule, bathroom facilities, etc.? Yes No

- What would you suggest to make the event run more smoothly? _____

Do we have your permission to quote you in the CVDA Newsletter if we do an educational article on this clinic for the membership? Yes No

If yes, may we use your name? _____ (name)

Thank you!