



Stewards Assessment Sheet

Name: _____

Date: _____

Moving from Grade:
(Please tick applicable)

1

2

3OR

3RR

3

Event: _____

Permit Number: _____

Venue: _____

Name of Assessor: _____

Grade of Assessor: _____

Please comment how they performed on the following:

Interaction with Competitors: _____

Interaction with Officials: _____

Communication skills: _____

Knowledge and ability to use the Rule Book: _____

Reaction under pressure: _____

Use of Competitor Offence Notices: _____

Diligence with Gear Check: _____

Supervision/ Delegation of Scrutineering: _____

Briefing of Marshalls: _____

Briefing of Clerk of Course (e.g. Red Flag use, Jump Starts): _____

Interference with other peoples tasks: _____

Man Management: _____

Availability to Officials, Competitors and public: _____

Radio Personnel: _____

Preparation for event (Stamp, Rule Book, Pen, Paper, Footwear etc): _____

Please circle which statement best describes the confidence of the steward assessed:

Highly Confident

Confident

Not Confident

Any other comments: _____
