# ASSESSMENT FORM FOR SIT-IN

# (Confidential)

Name of the candidate ........................................ FEI ID ................ NF ............

Venue ........................ Country ........... Dates .................. Category …............

Competitions ................................... Number of Competitors .............................

Individuals ........... Squads ........... Pas de Deux ...........

**Please note that the candidate must sit in with the judge throughout the whole competition (to include all tests).**

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| --- |
| 1. **Appearance, behaviour of candidate, knowledge of English**

 ............................................................................................................ ............................................................................................................1. **Technical knowledge of horse / vaulting / judging principles**

 ............................................................................................................ ............................................................................................................1. **Proposal of appropriate marks and remarks**

 ............................................................................................................ ............................................................................................................1. **Correct usage of technical language**

 ............................................................................................................ ............................................................................................................ 1. **Further remarks**

 ............................................................................................................ ............................................................................................................ |

**Marks** (please click one)

Very good [ ]  Good [ ]  Competent [ ]  Not yet competent [ ]

Name of Level 3 or Level 4 Judge ................................

Signature ........................

***The Sit-In Assessment Form should be sent to the FEI Vaulting department*** ***thya.moritz@fei.org*** ***by the judge within two weeks after the event.***