# VAULTING

# ASSESSMENT FORM FOR SIT-IN (Confidential)

First Name and Name of Candidate ........................................ NF ...........

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

Competitions ..................................

Number of Competitors ..............Individuals………Squads…………Pas de Deux……...

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

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

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

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1. **Correct usage of technical language**

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1. **Further remarks**

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**Marks**  (please click one)

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

Name of Examining Judge ................................ Signature ........................

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