



GRCA CCA PARTICIPANT QUESTIONNAIRE

Send to:

Robin Bowen, PO Box 884, TN 37343 (423) 875-0952

Or scan and email to: dscsam@comcast.net

HOST CLUB: _____ Date of Event: _____

Your Name: _____ Phone: _____

Email: _____ # Goldens: _____ Catalogue #'s: _____

1. Did you learn something new at this CCA Event about your dog(s)? If yes, please explain?

2. Did you find more useful information came from the actual evaluation (verbal) or from the written comments / descriptors on your score sheets?

3. Was the Host Club knowledgeable and did they have sufficient workers to run an efficient event?

4. Did this CCA Event meet your expectations of the CCA Program? Please explain yes or no?

5. Evaluator Information (Please check the appropriate box, reference to Evaluator's names will remain confidential information for CCA Committee use only)

Evaluator (A) _____	
Overall knowledge of the CCA Program	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unacceptable
Provided hands-on verbal critique	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unacceptable
Provided written / descriptor comments	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unacceptable
Educational value of this Evaluation	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unacceptable
Comments:	
Evaluator (B) _____	
Overall knowledge of the CCA Program	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unacceptable
Provided hands-on verbal critique	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unacceptable
Provided written / descriptor comments	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unacceptable
Educational value of this Evaluation	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unacceptable
Comments:	
Evaluator (C) _____	
Overall knowledge of the CCA Program	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unacceptable
Provided hands-on verbal critique	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unacceptable
Provided written / descriptor comments	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unacceptable
Educational value of this Evaluation	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unacceptable
Comments:	

For additional comments and information please use the back of this page or a 2nd attached page.
We greatly appreciate your input. Thank you for your time and participation in this program.