

# NAVHDA

## Apprentice Clinic Leader Evaluation

Date: \_\_\_\_\_

Clinic Host Chapter: \_\_\_\_\_

Apprentice Clinic Leader: \_\_\_\_\_

Signature: \_\_\_\_\_

Clinic Leader: \_\_\_\_\_

Signature: \_\_\_\_\_

	Excellent	Good	Needs work	Not Observed	Comments
Leadership Skills					
Organizational Skills					
Presentation Skills					
Knowledge of Aims and Rules					
Knowledge of Clinic guide contents					
Ability to answer questions					
Field dog evaluation					
Coaching during Field score discussion					
Coaching during classroom score discussion					

**Rate this Apprentice Clinic Leader:**

Read to Approve:	Needs more experience:	Other: (Please specify on back of form)
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**Comments on Apprentice Clinic Leader *MUST* be written on back of this form**

Apprentice Clinic leader signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_