AMERICAN YOUTH CUP

July 21st – 26th

**Riding Instructor Evaluation**

**This document is to be emailed directly to Deb Cook at cookice@frontiernet.net. It is NOT to be viewed by your student.**

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| --- | --- |
| **Basic information:** | |
| Student´s full name: |  |
| Instructor´s full name: |  |

|  |  |
| --- | --- |
| **Instructors Information:** | |
| Business: |  |
| Qualification/s: |  |
| Address: |  |
| Phone number: |  |

*Please circle the number to the right that most accurately describes your student for that item. Please keep in mind that the purpose of this evaluation is to determine whether your student is able to safely and successfully handle the equestrian and social challenges with which they may be faced at the American Youth Cup. Your evaluation will also play a role in the category of horse (easy, intermediate, difficult) your student will receive at the Youth Cup should your student be accepted. Therefore the accuracy of this evaluation is important.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EQUESTRIAN QUALITIES | Scale | | | | |
| Poor | Good | | | Excellent |
| 1. Dedication to regular training | 1 | 2 | 3 | 4 | 5 |
| 1. Concentration when riding | 1 | 2 | 3 | 4 | 5 |
| 1. Understanding of basic equine care | 1 | 2 | 3 | 4 | 5 |
| 1. Seeks help when necessary | 1 | 2 | 3 | 4 | 5 |
| 1. Balanced seat | 1 | 2 | 3 | 4 | 5 |
| 1. Systematic application of the aids | 1 | 2 | 3 | 4 | 5 |
| 1. Understanding of horse behavior | 1 | 2 | 3 | 4 | 5 |
| 1. Ride the horse in correct physical form (beginning of collection) | 1 | 2 | 3 | 4 | 5 |
| 1. Confidence controlling a horse out on the trail | 1 | 2 | 3 | 4 | 5 |
| 1. Understanding of classical dressage exercises | 1 | 2 | 3 | 4 | 5 |
| 1. Experience in Icelandic horse competitions | 1 | 2 | 3 | 4 | 5 |
| 1. Experience riding different types of horses (ex: willing/lazy/nervous/dull) | 1 | 2 | 3 | 4 | 5 |
| 1. Ability to handle a four gaited horse | 1 | 2 | 3 | 4 | 5 |
| 1. Ability to handle a five gaited horse | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PERSONAL QUALITIES | Scale | | | | |
| Poor | Good | | | Excellent |
| 1. Openness to learning and changing | 1 | 2 | 3 | 4 | 5 |
| 1. Self confidence | 1 | 2 | 3 | 4 | 5 |
| 1. Sportsmanship | 1 | 2 | 3 | 4 | 5 |
| 1. Positive attitude | 1 | 2 | 3 | 4 | 5 |
| 1. Concern for others | 1 | 2 | 3 | 4 | 5 |
| 1. Participation in local horse community | 1 | 2 | 3 | 4 | 5 |
| 1. Respect for authority | 1 | 2 | 3 | 4 | 5 |
| 1. Ability to encourage team spirit | 1 | 2 | 3 | 4 | 5 |
| 1. Ability to handle challenges and stress | 1 | 2 | 3 | 4 | 5 |

**Additional Comments:**

*Is there anything you would like to add to this evaluation about your student’s personal qualities or skills as an equestrian? Any information that might be important in regards to the type of horse your student might receive as a participant?*

Instructors signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

**Email a scanned copy of the teacher’s evaluation to Deborah Cook at** [**cookice@frontiernet.net**](mailto:cookice@frontiernet.net)**. Make sure you get confirmation of reception.**

**EVALUATION MUST BE RECEIVED BY MARCH 20th.**