****

**FEEDBACK ON REFEREE/TECHNICAL CONTROLLER**

**This form is optional and the SPTC, IDTC and SYSTC encourage both positive and negative feedback. Please use computer to complete form.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Referee / Technical Controller:** | |  | |
| **Event:** |  | | |
| **Category:** |  | **Date:** |  |

**Atmosphere at the initial meeting/review meeting/during competition:**

|  |
| --- |
|  |

**Ability to manage and interact with the panel:**

|  |
| --- |
|  |

**Knowledge:**

|  |
| --- |
|  |

**Other comments:**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Name：** |  |  |
| **Date:** |  | **Signature** |