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**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.**

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

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

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|       |

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

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|       |

**Knowledge:**

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|       |

**Other comments:**

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|       |

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