



THE INTERNATIONAL CAT ASSOCIATION, INC. MASTER CLERK EVALUATION



Please mail to:

*Dewane Barnes
Clerking Administrator
41 South Elm Street
Palatine IL 60067*

Please provide the Evaluator with a form and stamped envelope addressed to the Clerking Administrator.

NAME OF CLERK: _____

DATE OF SHOW: _____

ADDRESS: _____

NAME OF CLUB: _____

LOCATION OF SHOW: _____

PRESENT STATUS

- _____ NOT IN CLERKING PROGRAM
- _____ LICENSED ASSISTANT RING CLERK
- _____ TRAINEE
- _____ LICENSED RING CLERK
- _____ LICENSED MASTER CLERK

NOTE TO EVALUATOR:

Please review **ALL** paperwork **PRIOR** to completing this evaluation. You are requested to evaluate any clerk in complete candor. Your comments are held in strict confidence.

PERFORMANCE

YES

NO

Was the Catalog neat? _____

Was the Catalog legible? _____

Were there: Clerical errors? _____

Mechanical errors? _____

Omissions? _____

Other errors? _____

Would you want this individual to master clerk for you again? _____

Comments on strengths and weaknesses: _____

PLEASE RATE OVERALL PERFORMANCE

SATISFACTORY

UNSATISFACTORY

EXCELLENT

VERY GOOD

GOOD

FAIR

POOR

COMMENTS: _____

EVALUATOR NAME

POSITION

SIGNATURE

DATE