Dear PATH Intl. Host Site,

Congratulations – you’ve been working hard and you’re now so close to your workshop and/or registered certification! Enclosed please find the remaining materials you need to successfully host and complete your event, known as the Host Site Final Forms Packet, along with the Instructor Workshop Manuals you ordered. All forms listed below must be completed and returned to the PATH Intl. office within three working days of the conclusion of your workshop and/or registered certification. The forms included in this packet are:

- Workshop Evaluation Form* – to be completed by each workshop participant
- Certificates of Completion – to be filled out and given to each workshop participant (from office)
- Site Feedback Form* – to be completed by each faculty/evaluator
- Host Site Rider Profile Form* – to be completed by host site with faculty/evaluators’ assistance; make one copy for each candidate and one for the faculty/evaluators
- Lesson Evaluation Form* – to be completed by the faculty/evaluators for each certification candidate
- Instructor Comment Sheet* – to be completed by the faculty/evaluators for each certification candidate
- Riding Demonstration Score Sheet* – to be completed by the faculty/evaluators for each certification candidate
- On-Site Registered Instructor Summary Sheet* – to be completed by the faculty/evaluators for each certification candidate
- Candidate Report Form – to be completed by the faculty/evaluators for each certification candidate
- Faculty/Evaluator Feedback Form* – to be completed by host site for each faculty/evaluator
- Apprentice/Associate Evaluator Evaluation Form* – to be completed by lead evaluator and returned with final paperwork
- Apprentice/Associate Evaluator Recommendation Form* – to be completed by lead evaluator and returned with final paperwork
- Final Accounting Statement – to be completed by host site with lead evaluator’s assistance
- PATH Intl. Membership Application* – to be completed by new members and submitted with final paperwork

Please contact your lead faculty/evaluator if you have any questions regarding any of the enclosed materials. Call the PATH Intl. office, however, if your workshop manuals have not arrived within three days of your workshop. An email confirmation should have been sent to you with a UPS tracking number as well, which you can use to track the box if it has shipped.

Also please note that the PATH Intl. office must also have a copy of all certification candidates’ Phase Two forms; the host site may send these in at the conclusion of the certification, or the evaluators must send them in with their final results packets.

Best of luck moving forward with the final leg of your workshop and/or registered certification! We hope you, your participants and all your staff and volunteers have a fun and rewarding experience!

* Single form sent. The host site must make the appropriate number of copies for participants, evaluators, etc.
Please take a few moments to complete this evaluation to assist PATH Intl. in the development of future workshops.
Please be specific in your comments, we can not improve our workshop if you are not specific in your answers.
Please refrain from commenting on food provided by the host site you attend your workshop.

Please use the reverse side if more space is needed for your comments.

Candidate name (optional): ____________________________________________
Name of host site (required): ________________________________________
Location and date of workshop and/or certification (required):
City: __________________________ State: __________ Date: _______________

1. Please rate the following:

   Workshop faculty
   Workshop facility
   Workshop materials

   Poor     Fair     Good     Excellent
   Poor     Fair     Good     Excellent
   Poor     Fair     Good     Excellent

2. Please rate the following workshop units:

   Disabilities
   Teaching techniques
   Posture and alignment
   Task analysis
   Intake assessment
   Lesson plans
   Horse analysis
   Volunteers
   Equipment
   Skill progression
   Whats, hows, whys
   Mounting/Dismounting
   Teaching techniques and teaching critiques
   Riding Videos
   All role playing

   Poor     Fair     Good     Excellent
   Poor     Fair     Good     Excellent
   Poor     Fair     Good     Excellent
   Poor     Fair     Good     Excellent
   Poor     Fair     Good     Excellent
   Poor     Fair     Good     Excellent
   Poor     Fair     Good     Excellent

"Please elaborate on anything you rated “Fair” or “Poor” above: Why?"

3. Was there anything you were hoping to learn more about or topics where you wish more time was spent?
4. Do you feel the workshop was successful in prepping you for PATH Intl. Registered Instructor Certification? Why or Why not?

5. Was the host site friendly, clean, and reasonably accommodating to your needs? Was the facility appropriate for learning?

6. Were the facilities horses and equipment in good condition and appropriate for the activities?

7. Were the faculty informative, friendly and professional? Would you change anything about their approach to a specific topic?

8. If you could change any major component(s) of the workshop material, what would it be?
Candidate name: ____________________________________________  Date: ________________

Host site: __________________________________________________  Time(s): ________________

Rider’s first name: ____________________________  Age: _____  Length of time riding: ____________

Primary diagnosis: ____________________________  Secondary diagnosis: ________________________

Characteristics: _______________________________________________________________________

Verbal /non-verbal: ____________________________

Communication methods: ______________________________________________________________________

Ambulatory status: ____________________________

Assistive devices: ______________________________________________________________________

Behavior issues: ______________________________________________________________________

Long-term goals: ______________________________________________________________________

Recommended horse(s): ______________________________________________________________________

If this is not the rider's usual horse assignment, why the change?: ____________________________

Tack and Equipment:

Helmet:  Own  If not, center's # or size: ____________________________________________

Reins:  No  Yes (specify type): ____________________________________________

Saddle:  No  Yes:  English  Western  Other: ____________________

Surcingle:  No  Yes (specify type): ____________________________________________

Stirrups:  No  Yes (specify type): ____________________________________________

Special equipment/other adaptations: ____________________________________________

Mounting/dismounting procedures:

Mount: (provide any specific situations)

  Block: ____________________________________________

  Ramp: ____________________________________________

  Ground: ____________________________________________

  Dismounting technique: ____________________________________________
Candidate Name: __________________________________________________________

Rider’s First Name: _______________________________________________________

Ability level:  

<table>
<thead>
<tr>
<th>Skill</th>
<th>Yes</th>
<th>No</th>
<th>Attempted</th>
<th>Not attempted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting trot</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posting trot</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagonals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leads</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Volunteer needs: (If sidewalkers are used, specify the type of assistance or hold used for each gait.)

- **Walk only**
  - None
  - Spotter*
  - Leader
  - 1 Sidewalker
  - 2 Sidewalkers

  *Distance from rider/horse: ____________________________

  Other assistance: _______________________________________

- **Walk/minimal trot**
  - None
  - Spotter*
  - Leader
  - 1 Sidewalker
  - 2 Sidewalkers

  *Distance from rider/horse: ____________________________

  Other assistance: _______________________________________

- **Walk/trot**
  - None
  - Spotter*
  - Leader
  - 1 Sidewalker
  - 2 Sidewalkers

  *Distance from rider/horse: ____________________________

  Other assistance: _______________________________________

- **Walk/trot/canter**
  - None
  - Spotter*
  - Leader
  - 1 Sidewalker
  - 2 Sidewalkers

  *Distance from rider/horse: ____________________________

  Other assistance: _______________________________________

  *Each host site defines “spotter” differently; clarify the proximity of a spotter to the rider.

Exercises performed:

Additional skills learned:

Games played in lessons:

Additional information:
# Instructor Workshop/On-Site Registered Certification Program

## Lesson Evaluation Form

### Candidate’s name: ________________________________ Date: ________________

### Location of examination: ________________________________

### Examiners: _______________________________________

#### Scoring Key:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Exceeds Standards</td>
</tr>
<tr>
<td>4</td>
<td>Above Average</td>
</tr>
<tr>
<td>3</td>
<td>Average</td>
</tr>
<tr>
<td>2</td>
<td>Below Average</td>
</tr>
<tr>
<td>1</td>
<td>Insufficient</td>
</tr>
<tr>
<td>0</td>
<td>Unacceptable</td>
</tr>
</tbody>
</table>

1. **Lesson plan**
   - Complete and appropriate
     - Total Points
   - Lesson followed plan
     - Total Points
   - Summary/evaluation
     - Total Points

   Rider 1 + Rider 2

2. **Mounting**
   - Suitable to disabilities
   - Use of volunteers
   - Technique
   - Horse
   - Safety

3. **Equipment/Tack**
   - Adjustment and fit to horse
   - Adjust, suitability, fit to rider
   - Safety check

4. **Volunteers**
   - Appropriate utilization
   - Appropriate management
   - Safety

5. **Instructor/Instruction**
   - Skills taught
   - Class control
   - Communication
   - Provides feedback
   - Safety
   - Professionalism

   *Total score of section 5 must be 36 or higher*

6. **Dismounting**
   - Suitable to rider
   - Use of volunteers
   - Technique
   - Horse
   - Safety

**Total Score** __________

(passing: 150 or higher)

**PASS** __________ **FAIL** __________
Registered Instructor Certification Cover Sheet

Candidate Name: ____________________________ PATH Intl. Membership #: ____________________________

Address: __________________________________ __________________________________________________________________________

Mentor Name: ____________________________ Mentor PATH Intl. Membership #: ____________________________

Additional Mentors ☐ Y ☐ N

Candidate Status:

• Instruction of riders with disabilities: ☐ PASS ☐ FAIL

• Candidate’s riding demonstration: ☐ PASS ☐ FAIL

Evaluator Recommendations:

☐ Recommend PATH Intl. Registered Instructor status

☐ Do not recommend PATH Intl. Registered Instructor status

Evaluator signature ____________________________ Date __________

Evaluator signature ____________________________ Date __________

Formal notification of the above listed results will be sent to all candidates by the PATH Intl. office approximately 30-45 days after the conclusion of the on-site certification.

Evaluators please attach the Documentation of Teaching Hours form to these report forms prior to returning to the PATH office.
<table>
<thead>
<tr>
<th>Component</th>
<th>Comments</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Warm-up</td>
<td>#(s):</td>
<td></td>
</tr>
<tr>
<td>2. Walk</td>
<td>#(s):</td>
<td></td>
</tr>
<tr>
<td>3. Posting trot/jog</td>
<td>#(s):</td>
<td></td>
</tr>
<tr>
<td>4. Posting trot/jog: change rein across diagonal</td>
<td>#(s):</td>
<td></td>
</tr>
<tr>
<td>5. Sitting trot/jog: change rein across diagonal</td>
<td>#(s):</td>
<td></td>
</tr>
<tr>
<td>6. Canter/lope: right lead</td>
<td>#(s):</td>
<td></td>
</tr>
<tr>
<td>7. Posting trot/jog: ½ circle right, ½ circle left</td>
<td>#(s):</td>
<td></td>
</tr>
<tr>
<td>8. Canter/lope: left lead</td>
<td>#(s):</td>
<td></td>
</tr>
<tr>
<td>9. Sitting trot/jog circle</td>
<td>#(s):</td>
<td></td>
</tr>
<tr>
<td>10. Sitting trot/jog</td>
<td>#(s):</td>
<td></td>
</tr>
<tr>
<td>11. Walk</td>
<td>#(s):</td>
<td></td>
</tr>
<tr>
<td>12. Halt and back</td>
<td>#(s):</td>
<td></td>
</tr>
<tr>
<td>13. Walk, halt and dismount</td>
<td>#(s):</td>
<td></td>
</tr>
<tr>
<td>14. Overall impression (coefficient of 2)</td>
<td>#(s):</td>
<td>x 2 =</td>
</tr>
</tbody>
</table>

**TOTAL RIDING SCORE**

Passing score: 28 or higher

Highest score: 45

- ☐ Meets criteria
- ☐ Does not meet criteria

Evaluators please attach the Documentation of Teaching Hours form to these report forms prior to returning to the PATH office.
### Teaching Demonstration Report Form

**Candidate Name:**

**KEY:** 1 = Does not meet criteria  
2 = Meets criteria  
3 = Exceeds criteria

<table>
<thead>
<tr>
<th>Component and Comments</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lesson Plans #(s):</td>
<td>x 1 =</td>
</tr>
<tr>
<td>2. Mounting #(s):</td>
<td>x 2 =</td>
</tr>
<tr>
<td>3. Equipment/Tack #(s):</td>
<td>x 1 =</td>
</tr>
<tr>
<td>4. Volunteers #(s):</td>
<td>x 1 =</td>
</tr>
<tr>
<td>5. Instructor/Instruction #(s):</td>
<td>x 4 =</td>
</tr>
<tr>
<td>6. Dismounting #(s):</td>
<td>x 2 =</td>
</tr>
</tbody>
</table>

**TOTAL TEACHING SCORE**

Passing score: 16 with a minimum of 8 or higher in Instructor/Instruction and a combined score of 6 or higher in mounting plus dismounting.

Highest score: 33

[ ] Meets criteria  
[ ] Does not meet criteria

Evaluators please attach the Documentation of Teaching Hours form to these report forms prior to returning to the PATH office.
Instructor Workshop/On-Site Registered Certification Program
Host Site Feedback Form

Name of host site: ____________________________________ Date of evaluation: ________________
Faculty/evaluators: _______________________________________________________________

This evaluation form is to be completed by the PATH Intl. Instructor Workshop Faculty/Evaluators following
the conclusion of the workshop and/or registered certification. Please mail the completed site evaluation to
the PATH Intl. office with the other workshop materials.

Rate the host site in the following areas:

1. Workshop/certification participant registration process Poor Fair Good Excellent
   registration process
2. Classroom facilities Poor Fair Good Excellent
3. Convenience to the airport/ train Poor Fair Good Excellent
4. Ease in finding the facility Poor Fair Good Excellent
5. Convenience to lodging and restaurants Poor Fair Good Excellent
6. Meeting the physical needs of the faculty and participants Poor Fair Good Excellent
7. Available tack and equipment met the needs of the workshop Poor Fair Good Excellent
8. Horses met the needs of the workshop and participants Poor Fair Good Excellent
9. Riders with disabilities met the needs of the certification day Poor Fair Good Excellent
10. Host site provided sufficient staffing and assistance Poor Fair Good Excellent
11. The environment at the host site allowed for a successful workshop/Certification Poor Fair Good Excellent

Please provide comments for any item scoring less than “Good,” using the back of the page if necessary.
Instructor Workshop/On-Site Registered Certification Program
Final Accounting Statement

To be filled out by the Host Site with assistance from the Lead Evaluator; a late fee of $40 will apply if this is not in the office within 2 weeks of the event.

Faculty/Evaluators:__________________________________________________________________________________

Date of Workshop and/or Certification:________________________________________________________________________

Host Site: _____________________________________________________________________________________________

Accounting Statement Summary Information

<table>
<thead>
<tr>
<th>Type of Participants</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Participants attending Workshop only</td>
<td>_____</td>
</tr>
<tr>
<td>Number of Candidates attending Certification only</td>
<td>_____</td>
</tr>
<tr>
<td>Number of Participants in both Workshop and/or Certification</td>
<td>_____</td>
</tr>
<tr>
<td>Number of Auditors (if a manual was purchased for them)</td>
<td>_____</td>
</tr>
<tr>
<td>Number of new PATH Intl. Memberships—please indicate method of payment per person if separate</td>
<td>_____</td>
</tr>
</tbody>
</table>

*Overall number of Candidates in Certification Portion
*Please refer to Candidate Report Form that is completed by the Evaluator for this number

On-Site Workshop and/or Certification Final Payment/Refund Calculation

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional workshop participants</td>
<td>_____ x $80.00 = $ _______</td>
<td>(CPF)</td>
</tr>
<tr>
<td>PATH Intl. Individual Memberships included paid by Host Site</td>
<td>_____ x $55.00 = $ _______</td>
<td>(DUIN)</td>
</tr>
<tr>
<td>PATH Intl. Individual Memberships included, paid separately by Candidate(s):</td>
<td>(Please list the candidate names and include all membership forms)</td>
<td></td>
</tr>
<tr>
<td>Materials Order Form Late Fee (applicable if fee noted by PATH Intl.)</td>
<td>$ _______</td>
<td>(CWSP)</td>
</tr>
<tr>
<td>Materials Express Shipping Costs (applicable if fee noted by PATH Intl.)</td>
<td>$ _______</td>
<td>(CWSP)</td>
</tr>
<tr>
<td>Workshop Manual Restocking Fee</td>
<td>_____ x $5.00 = $ _______</td>
<td>(CWSP)</td>
</tr>
<tr>
<td>*Credit for Returned Workshop Manuals (subtract from total due to PATH Intl. for any manuals pre-paid for)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$ _______</td>
<td>(CWSP)</td>
</tr>
</tbody>
</table>

Please Note: Participants may not send PATH Intl. individual checks to pay the workshop and or certification fee. One large check must be issued from the center to PATH Intl. for all fees. Thank you!

For Office Use Only

<table>
<thead>
<tr>
<th>Description</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Manuals Returned</td>
<td>_____</td>
</tr>
<tr>
<td># of Damaged Manuals</td>
<td>_____</td>
</tr>
<tr>
<td>TOTAL DUE TO PATH Intl.</td>
<td>$ _______</td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>TOTAL TO BE REFUNDED</td>
<td></td>
</tr>
<tr>
<td>TO HOST SITE</td>
<td>$ _______</td>
</tr>
</tbody>
</table>

Signature – Host Site Representative ______________________________ Date _______________

All above materials and paperwork must be returned to the PATH Intl. office within 2 weeks of the last day of certification or a $40 late fee will be assessed.
Instructor Workshop/On-Site Registered Certification Program
Apprentice/Associate Faculty/Evaluator Evaluation Form

Apprentice/associate faculty/evaluator: _____________________________________________

Lead evaluator: ___________________________________________________________________

Evaluation location: __________________________________________________________________

Date passed evaluator training: __________________________________________________________________

Scoring Key:  5: Exceeds Standards  4: Above Average  3: Average  2: Below Average  1: Insufficient  0: Did not perform the task

1. Evaluation Skills
   - Accuracy of score sheet
   - Identification of PATH Intl. standard non-compliance
   - Ability to problem solve
   - Demonstrates knowledge of subject
   - Shows safety awareness
   - Understands evaluation process
   - Utilizes good time management
   - Organization

   Comments:

2. Communication Skills
   - Understanding of oral communication skills
   - Demonstrates appropriate non-verbal communication
   - Communicates with sensitivity to Candidate’s needs
   - Understands written communication skills
   - Balances positives with negatives
   - Lead a discussion during role-playing feedback session yes  no

   Comments:

3. Teaching the workshop - topics taught: ____________________________________________
   - Understanding of material presented
   - Follows workshop outline
   - Team player

   Comments:

4. Other
   - Professionalism
   - Respects confidentiality

   Comments:
Faculty/evaluator name: ____________________________________________________________

Evaluation location: __________________________________ Date ______________________

Recommendation:

- Apprentice has completed first apprenticeship at a workshop and/or certification.

- Apprentice has completed _____ workshops and _____ certifications and upon committee approval should become an associate faculty/evaluator.

- Apprentice has completed _____ workshops and _____ certifications is not ready to become an associate faculty/evaluator at this time (please explain below).

- Associate has completed first workshop and/or certification as an associate faculty/evaluator.

- Associate has completed _____ workshops and _____ certifications and upon committee approval should become a lead faculty/evaluator.

- Associate has completed _____ workshops and _____ certifications is not ready to become a lead faculty/evaluator at this time (please explain below).

Reasons for above recommendation:

I, ______________________________________, have read and discussed this evaluation with the lead evaluator and I (check one) ________ concur ________ do not concur with the recommendation.

Signature of apprentice/associate evaluator: __________________________ Date: __________

Signature of lead evaluator: __________________________ Date: __________

Additional comments:
Instructor Workshop/On-Site Registered Certification Program
Candidate Report Form

Name of host site: ____________________________________________________________

Dates of workshop and/or certification: ________________________________________

Dates of workshop and/or certification: ________________________________________

Please list all candidates who attended both or either portion of the workshop and/or certification. For each name listed, please indicate the total amount of money collected.

<table>
<thead>
<tr>
<th>Participant/Candidate Name</th>
<th>'PATH Intl. ID#</th>
<th>Workshop</th>
<th>Certification</th>
<th>Withdrew From</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Yes / No</td>
<td>Pass / Fail</td>
<td>Workshop/Cert</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Yes / No</td>
<td>Pass / Fail</td>
<td>Workshop/Cert</td>
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<td>3</td>
<td></td>
<td>Yes / No</td>
<td>Pass / Fail</td>
<td>Workshop/Cert</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Yes / No</td>
<td>Pass / Fail</td>
<td>Workshop/Cert</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Yes / No</td>
<td>Pass / Fail</td>
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<td>6</td>
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<td>Pass / Fail</td>
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<td>Pass / Fail</td>
<td>Workshop/Cert</td>
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<td>25</td>
<td></td>
<td>Yes / No</td>
<td>Pass / Fail</td>
<td>Workshop/Cert</td>
</tr>
</tbody>
</table>

*If host site has collected a PATH Intl. Membership Form and payment from a candidate, please indicate “payment enclosed” in this column. Be sure to indicate clearly on the Final Accounting Statement if payment is included in check/credit charge from host site, or personal check/credit charge from the candidate.
Instructor Workshop/On-Site Registered Certification Program
Faculty/Evaluator Feedback Form

Host site name: ________________________________________________________________

Dates of workshop and/or certification: ___________________________________________

Lead faculty/evaluator: _________________________________________________________

Associate faculty/evaluator: _____________________________________________________

Please rate each faculty/evaluator in each category below, using the following scale:

5: Excellent  4: Good  3: Satisfactory  2: Poor  1: Unsatisfactory

Please comment on the back of this page on all scores of 3 or below.

<table>
<thead>
<tr>
<th></th>
<th>Lead Faculty/ Evaluator</th>
<th>Associate Faculty/ Evaluator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead faculty/evaluator corresponded sufficiently with the host site prior to the workshop and/or certification.</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Faculty/evaluators clearly delineated staffing and volunteer needs for the workshop and/or certification.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty/evaluators discussed tack and equipment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty/evaluators clearly communicated horse requirements prior to the workshop and/or certification.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty members indicated the audio visual equipment needs for the workshop.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty/evaluators discussed the schedule for the workshop with sufficient details.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty/evaluators conducted the workshop in a professional manner which promoted a learning atmosphere.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty/evaluators clearly explained the certification schedule and process to the Host Site.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty/evaluators conducted the certification in a professional manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty/evaluators worked with the Host Site to handle issues which were a concern to either the Host Site or PATH Intl. representatives.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty/evaluators were good ambassadors of PATH Intl..</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Faculty/evaluators promoted an environment which allowed for a successful workshop and/or certification.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Faculty/evaluators will be asked back for another workshop and/or certification.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Host site representative signature: ____________________________________________ Date: ____________________
I want to become a PATH Intl. Member!

- **Individual Membership** - $50
  - Optional Item:
    - Instructor Special Interest - $25 (Not for PATH Intl. Certified Instructors)

- **International Membership** - $90
  - Optional Item:
    - Instructor Special Interest - $25 (Not for PATH Intl. Certified Instructors)

**Payment Information:**

- I want to help PATH Intl. further its mission by including this tax-deductible donation of $ __________________

  Total Amount Enclosed: $ __________________

  I wish to pay by (check one):

  - Check # _______________________
  - Visa  MC  Amex  Discover

  Card Number __________________________________________

  Expiration Date _______________________

  Name on Card _______________________________________

  Signature _______________________________________

Please complete this application and send it along with payment to:

PATH Intl.

PO Box 33150

Denver, CO 80233

Or Fax it to 303/252-4610

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**Member Name**

**Professional Designation (Such as PT, Ph. D., RN, OT, Psy. D., etc.)**

**Mailing Address**

**City**

**State**  **Zip**

**Daytime Phone**

**Evening Phone**

**Fax Number**

**Email**

**Website**

**Center Affiliation or Company Name**

Please DO NOT share my Phone  Email

Street Address  City, State, Zip code in the PATH Intl. Members Only online directory (Note: Unless you indicate that you do not wish to share information, it will be shared in the Members Only online directory)

**Interested in Center Membership?**

Please contact the PATH Intl. Office at 1-800-369-7433 for more information on PATH Intl. center membership or to receive a PATH Intl. center membership application.

Thank you for your support!