

ADJUDICATOR QUESTIONNAIRE

THE ORIGIN OF THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

(FOR ONE-ACT PLAY DIRECTORS ONLY)

Please return this questionnaire to: State Theatre Director, Box 8028, Austin, TX 78713-8028

Contest Date: _____ "Zone District "Area "Region "State "County"

Contest Site: _____

Name of Adjudicator/s (Single or Panel): _____

Name of Contest Manager: _____

Your Name: _____ School: _____

Play Title: _____

Name of Judge Presenting Your Oral Critique: _____ Advancing Play? Yes No

Please indicate your opinion of the adjudicator providing your oral critique for the following areas using the scale below:

3=excellent

2=Good

1=Fair

Familiarity with your script and style of play

Communication skills.

Ethical standards of behavior.

Attitude towards the students and director(s).

Evaluation of the acting in the production.

Evaluation of the directing.

Understanding of technical limitations of the OAP contest.

Educational value of the critique.

Specific use of examples to explain opinions and comments.

What were the strengths of the adjudicator's critique?

What improvements would you suggest for this adjudicator?

Would you recommend this adjudicator to judge the following levels: Area Region State

Are there any other comments you would like to share regarding the contest (contest manager performance, facilities, written evaluations, contest procedures, etc.)?