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ADJUDICATOR QUESTIONNAIRE

THE ORIGIN OF THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

FOR ONE-ACT PLAY DIRECTORS ONLY)

Contest Date:_____ Contest Level DIST AREA Conference 5A Zone 3 District 1

Contest Site:_____

Name of Adjudicator:_____

Your Name:_____ School:_____

Play Title:_____

WOULD YOU RECOMMEND THIS JUDGE FOR A REGION OR STATE LEVEL CONTEST? YES ☐ *NO* ☐

Yes	No	
☐	☐	Did you have a voice in the selection of the adjudicator? If not, why?
☐	☐	Did the adjudicator meet with the OAP directors prior to the beginning of the contest? If not, why?
☐	☐	Did the adjudicator give a critique of your play as per section 1033 (d) (3) (B) (1) of the current C&CR? If not, why?
☐	☐	Did you send your script to the contest manager or adjudicator prior to the contest? When?

THIS FORM IS USED IN CHOOSING REGIONAL & STATE JUDGES BY THE AO

Please mark your opinion of the adjudicator in the following areas using the scale below:

3=excellent 2=satisfactory 1=needs improvement

3 ☐ 2 ☐ 1 ☐	Familiarity with your script and style of play.
3 ☐ 2 ☐ 1 ☐	Communication skills.
3 ☐ 2 ☐ 1 ☐	Ethical standards of behavior.
3 ☐ 2 ☐ 1 ☐	Attitude towards the students and director(s).
3 ☐ 2 ☐ 1 ☐	Evaluation of the acting in the production.
3 ☐ 2 ☐ 1 ☐	Evaluation of the directing.
3 ☐ 2 ☐ 1 ☐	Understanding of technical limitations of the OAP contest.
3 ☐ 2 ☐ 1 ☐	Educational value of the critique.
3 ☐ 2 ☐ 1 ☐	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?

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