

Steward Assessment Check list

Name of Trainee Steward: _____

Name of Assessor: _____

Date of Assessment: _____

Was the trainee steward dressed appropriately Yes No Needs Work

Did the trainee steward call exhibits and announce each class in a clearly audible voice Yes No Needs Work

Did the trainee steward carryout his/her duties confidently Yes No Needs Work

Did the trainee steward show respect to the exhibitors Yes No Needs Work

Did the trainee steward carry out his/her duties without distraction from exhibitors Yes No Needs Work

Did the trainee steward deal with any disputes appropriately Yes No Needs Work

Was the paperwork completed to the satisfaction of the office staff (*legible, error free and signed*) Yes No Needs Work

The trainee steward has been informed of the assessment outcome.

Assessor Signature: _____

Trainee steward signature: _____