



GSDCA SHADOW REVIEW SHEET

Date of Test _____

Name: _____

Address: _____

Phone: Cell _____ Home: _____

Email: _____

	Yes	No
Did Shadow arrive on time?	<input type="checkbox"/>	<input type="checkbox"/>
Was Shadow there for Setup?	<input type="checkbox"/>	<input type="checkbox"/>
Did Shadow do the Setup?	<input type="checkbox"/>	<input type="checkbox"/>
Did the Shadow help with Registration?	<input type="checkbox"/>	<input type="checkbox"/>
Did the Shadow work any of the field positions, if so, which one(s) _____		
Was the Shadow on target with the test evaluations?	<input type="checkbox"/>	<input type="checkbox"/>

Did the Shadow miss any of the test evaluations, if so, what were they weak on?

Did they see body language and able to identify nervousness or courage?

Shadow needs to work on improving? _____

Did Shadow stay through Breakdown? ☐ ☐

Senior Evaluator Remarks:

Senior Evaluator Signature: _____