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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:_____

Please check the response that applies

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?

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