Florida Fair Elections Coalition
Poll Watcher Evaluation Form

Name ______________________________ Assignment _________________________

Have you ever poll watched before? _______________________________________

Did you think the training was appropriate and relevant for the experience?

What suggestions would you have for improving the training?

______________________________________________________________

Did you experience any problems with being allowed to do your job?

______________________________________________________________

Were there problems with the equipment at your precinct?

______________________________________________________________

Did you have problems with the poll clerk or poll workers?

______________________________________________________________

Did you have any other problems?

______________________________________________________________

What was your overall feeling about poll watching? Would you do it again?

______________________________________________________________

Thank you for your help, and we value your input!

Please send your completed evaluation form to _______________________________