



**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 _____