**HOSA Event Section Summary - 2019 pg 1**

This form is completed for every section within an event. The Section Leader completes this form, with input from the QA, and then it is reviewed by the Event Manager.

Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section # \_\_\_\_\_\_\_\_\_\_\_\_\_Round 1 or Round 2 (circle one)

Section Leader Printed Name and Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 🞎 Secondary 🞎 Postsecondary / Collegiate 🞎 Middle School 🞎 Mixed Section

Actual Section Start Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_\_\_\_ Running Length: \_\_\_\_\_\_\_\_

**DRESS CODE OR PROCESS VIOLATIONS:** List name, ID #, and specific violation, such as missed orientation, failed to bring event guidelines, dress issue, etc. ALL violations must be confirmed and verified with the Event Manager by signing this form on page 3.

|  |  |  |  |
| --- | --- | --- | --- |
| **Competitor/Team Name(s)** | **Division** | **ID Number** | **Violation** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**HOSA Event Section Summary - 2019 pg 2**

Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section # \_\_\_\_\_\_\_\_Round 1 or Round 2 (circle one)

**NO-SHOWS:** List any competitors/teams who were included on your registration list but did not show up for the event. They should also be crossed out on the registration list and their rating sheets should be marked with an “X” across the entire rating sheet.

|  |  |  |
| --- | --- | --- |
| **Competitor/Team Name(s)** | **Division** | **ID Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**ADDITIONS:** Any competitors/teams added on-site who were not on your registration list, should be listed here. A BLANK scantron must be used for these competitors. DO NOT use any preprinted scantrons for these additions, as an ID number will need to be assigned in Tabulations after competition.

|  |  |  |
| --- | --- | --- |
| **Competitor/Team Name(s)** | **Division** | **School/Chapter/State** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**What’s working well with the event?**

**HOSA Event Section Summary - 2019 pg 3**

Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section # \_\_\_\_\_\_\_\_\_\_\_Round 1 or Round 2 (circle one)

**What’s not working with the event? Include specific recommendations for improvement of event guidelines or the process.**

**What would make your life easier as Event Personnel? How can we better help you?**

**Attach this form to the front of the packet containing:**

* Competitor list by section (any no-shows clearly crossed out)
* Rating Sheets or Test Scantrons separated into two piles:
1. TO BE SCANNED
	1. Please do not use paper clips on those to be scanned
	2. Any teams/competitors that were added onsite MUST be flagged with a sticky note and labeled so Tabulations can assign them a competitor ID. DO NOT use a no-show scantron for a team/individual who registers on-site. Give them a blank scantron. On-site additions should also be listed in the chart above.
	3. Count the number of forms to be scanned and write it on a post-it note on top of the packet of “to be scanned” scantrons forms. This allows Tabulations to verify they have scores for the correct number of competitors/teams.
2. NOT SCORED
	1. Any scantrons of no-show competitors (marked out with an X across **entire** rating sheet AND listed in the chart above)
	2. Extra blank scantrons that were not used
* Evaluations (After returned by EM, Lts. will place in appropriate box in CE Room)
* Timekeeper Logs (After returned by EM, Lts. will place in appropriate box in CE Room)
* Event materials (HOSA copies of portfolios, resumes, etc. – After returned by EM, Lts. will place in appropriate box in CE Room)

👍 Section Leader Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

👍 Event Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

👍 QA Signature (all scantrons completed correctly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**👍 *Signatures indicate that all event processes were done correctly, and all materials are complete and attached.***