

Evaluator:

ETA 9057 - LOWER AUTHORITY APPEALS QUALITY REVIEW STATE EVALUATION SCORE SHEET

A. Facsimile of Form

STATE	REGION	REPORT FOR PERIOD ENDING				
Idaho	Region 6					
Case Identification Number:						
Docket Number:						
		Good	Fair	Unsatisfactory	Did Not Occur	Score
1.	Explanation	G	F	U	D	
2.	Opening Statement	G	F	U		
3.	Exhibits	G	F	U	D	
4.	Witness Order	G	F	U	D	
5.	Order of Witnesses' Testimony	G	F	U		
6.	Question Own Witness*	G	F	U	D	
7.	Clear Language by H.O.	G	F	U		
8.	Compound Questions	G	F	U		
9.	Clarified Testimony	G	F	U	D	
10.	Confrontation*	G		U	D	
11.	Cross-Examination*	G	F	U	D	
12.	Repetitive Testimony	G	F	U		
13.	Leading Questions	G	F	U		
14.	Interruptions	G	F	U	D	
15.	"Off the Record"	G	F	U	D	
16.	Interpreters	G		U	D	
17.	Continuance	G	F	U	D	
18.	Conclusion of Hearing	G	F	U		
19.	Within Scope of Notice*	G	F	U		
20.	Gratuitous Comments	G	F	U		
21.	Attitude	G	F	U		
22.	Bias and Prejudice*	G		U		
23.	Obtain Available Evidence*	G	F	U		
24.	Issue Statement	G		U		
25.	Findings Supported by Evidence*	G		U		
26.	Findings of Fact*	G	F	U		
27.	Necessary Conclusions Included	G		U		
28.	Logical Reasoning	G	F	U		
29.	Form and Style	G	F	U		
30.	Decision States Legal Effect	G	F	U		
31.	Understandable Decision	G	F	U		

UI REPORT HANDBOOK NO.401
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Scored Total:

Did Not Occur Total:

Adjusted Max Total Score:

32.	Percent Score:	
33.	Intent of Decision	A - Allow D - Deny
34.	Effect on Appealed Determ.	A - Affirm R - Reverse M - Modify
35.	Date of Decision	
36.	Date Implemented:	
37.	Case Material Status	OK - OK DM - Documents Missing TI - Tape Inaudible IM - Tape Inaudible and Documents Missing TM - Tape Missing MM - Tape and Documents Missing
38.	Time Required for Evaluation of Case in Minutes	

Case ID:

Docket: