

# Assessor Evaluation Form

Name:	
Date:	
Course:	

COMPANY NAME is committed to providing quality assessment processes and resources. Feedback from Assessors is important to us, as it helps to continuously improve our services to clients. Please take a moment to provide us with feedback regarding the assessment process and materials. Please place a circle around the number (See Scale adjacent) which indicates your rating of the following:

- Scale:**  
 1 = Poor  
 2 = Below average  
 3 = Average  
 4 = Above Average  
 5 = Excellent

### Assessment Process

Ease of the assessment process	1	2	3	4	5
Information provided to clients regarding assessment process	1	2	3	4	5
Completeness of process	1	2	3	4	5

### Assessment materials and forms

Clarity of assessment materials	1	2	3	4	5
Ease of use of materials	1	2	3	4	5
Assessment Marking Guides	1	2	3	4	5
Amount of detail and instruction for you to complete assessments	1	2	3	4	5
Provision of assessment templates / examples	1	2	3	4	5

### Evaluating your own performance

Your Skills	1	2	3	4	5
Your Knowledge	1	2	3	4	5
Your Judgements	1	2	3	4	5

<b>What parts of the assessment went well? Why?</b>	
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<b>What parts of the assessment could be improved? Why?</b>	
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<b>How could we support you further in conducting assessments?</b>	
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Signature:		Date:	/ /
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**Thank you for your feedback. Please submit with your Course Nomad File.**

### Admin Use Only

<input type="checkbox"/> Evaluation Form processed	Initial	Date:	/ /
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