

Client Assessment Evaluation Form

Name:	
Date:	
Course:	

<p>COMPANY NAME is committed to providing quality assessment processes and resources. Your feedback is important to us, as it helps to continuously improve our services to clients.</p> <p>Please take a moment to provide us with feedback regarding the assessment process, materials and the Assessor.</p> <p>Please place a circle around the number (See Scale adjacent) which indicates your rating of the following:</p>	<p>Scale:</p> <p>1 = Poor</p> <p>2 = Below average</p> <p>3 = Average</p> <p>4 = Above Average</p> <p>5 = Excellent</p>
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Assessment Process

Ease of the assessment process	1	2	3	4	5
Information you received from us regarding the assessment process and requirements	1	2	3	4	5
Assessment tasks and methods	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
Amount of detail and instruction for you to complete assessments	1	2	3	4	5
Provision of assessment templates / examples / forms	1	2	3	4	5

Assessor performance

Assessor Skills	1	2	3	4	5
Assessor Knowledge	1	2	3	4	5
Assessor Conduct	1	2	3	4	5

What parts of the assessment went well? Why?	
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What parts of the assessment could be improved? Why?	
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Any further comments?	
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Signature:		Date:	/ /
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Thank you for your feedback.

Admin Use Only

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