| Assessor Evaluation Form | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | |
| Date: | |  | | | | | | | |
| Course: | |  | | | | | | | |
| ACAS 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** |
| **What parts of the assessment went well? Why?** |  | | | | | | | | |
| **What parts of the assessment could be improved? Why?** |  | | | | | | | | |
| **How could we support you further in conducting assessments?** |  | | | | | | | | |
| **Signature:** |  | | **Date:** | | / / | | | | |

**Thank you for your feedback. Please submit with your Course File.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Admin Use Only** | | | | |
| Evaluation Form processed | **Initial** |  | **Date:** | / / |