| Client Assessment Evaluation Form |
| --- |
| Name: |  |
| Date: |  |
| Course:  |  |
| ACAS 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. Please take a moment to provide us with feedback regarding the assessment process, materials and the Assessor. Please place a circle around the number (See Scale adjacent) which indicates your rating of the following: | **Scale:** 1 = Poor2 = Below average3 = Average4 = Above Average5 = Excellent |
| **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?**  |  |
| **What parts of the assessment could be improved? Why?**  |  |
| **Any further comments?**  |  |
| **Signature:** |  | **Date:** |  / /  |

**Thank you for your feedback.**

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