

Central Division Senior S&T Evaluations Quality Assurance Staff Feedback form

To be filled out by Region Senior S&T Advisor or Event Coordinator

Region Staff completing form: _____

Region: _____ Date: _____

Location: _____

Assigned Quality Assurance Person _____

- Did your Region receive an introduction communication? Yes / No
 - How was that accomplished? _____
- Where the necessary QA feedback forms provided prior to the event? Yes / No
- Did the QA arrive before the event? Yes / No
 - How did they introduce themselves? _____
- Did the QA stay until after concluding announcements? Yes / No

Senior Test

- Did the QA observe all sections of the test and all candidates that were being tested?
Yes / No
- Did the QA provided follow up at the conclusion of the event? Yes / No
- Did the QA provide the final written QA form in a timely manner? Yes / No
- How did the QA obtain information about passing/failing scores? _____

Overall

- Please provide any comments about the performance of the QA _____

- Please provide any recommendations of the QA

