

Senior Evaluation Feedback Form

Name (Optional): _____

Date: _____

Region/Location: _____

Module/Event: Ski/Ride Toboggan Nordic OEC-MSP Aid Room Management
I am a(n): Candidate Evaluator Advocate Other: _____

Using a scale of **1 = Strongly Disagree** through **5 = Strongly Agree**, please rate the following statements.

- | | | | | | |
|--|----------|----------|----------|----------|----------|
| 1. The evaluation met my expectations. | 1 | 2 | 3 | 4 | 5 |
| 2. The evaluation was well-organized and started on time. | 1 | 2 | 3 | 4 | 5 |
| 3. The skill performance expectations were easy to understand. | 1 | 2 | 3 | 4 | 5 |
| 4. The skills demonstrations were valuable. | 1 | 2 | 3 | 4 | 5 |
| 5. The examiner(s) clarified material when candidate appeared not to understand. | 1 | 2 | 3 | 4 | 5 |
| 6. The evaluation was done in a relaxed, positive manner. | 1 | 2 | 3 | 4 | 5 |
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The staff welcomes your comments and suggestions for improving the senior evaluation. It is helpful if you are as specific as possible. Please use the back of this paper for your answers, if needed.

7. What are the strengths of the event?
8. What could be improved in the event?
9. Who were your examiners? (Optional)
10. My examiners could have done a better job of:
11. My examiners did an excellent job of:

Other comments: