PEEL SAFETY INSTITUTE	Client Assessment Evaluation Form	Form Number FORCAE013

Name:	
Date:	
Course:	

The Peel Safety Institute 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 = Poor
2 = Below average
3 = Average
4 = Above Average
5 = 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.

Admin Use Only				
☐ Evaluation Form processed	**Initial**		**Date:**	/ /