PROMETRIC

ASE Certification Testing – Appendix K

Test Day Feedback Form

School name location _____

Test date _____

Campus Contact _____ E-mail _____

Phone number _____ Total # of test takers _____

Test proctors _____

Session times _____

How many times have you tested here? ☐ One time ☐ Two times ☐ Three times or more

How did this testing event compare to previous events? ☐ n/a ☐ Better ☐ Worse

☐ About the same? What went well?

_____

_____

_____

What could have been better?

_____

_____

What can ASE and Prometric do to improve the process?

Were there any specific problems or irregularities that involved one or more test takers? If so, list their name(s) ASE ID(s), the time problem occurred, description of the problem, and the resolution, if any. Add additional pages if needed.