

Please take the time to complete this survey. Your input is extremely important to your examiner and the Division.



PSIA Intermountain Assessment Survey

1. Assessment Date:

2. Examiner:

3. Assessment Title:

4. Assessment Location:

5. Current Certification: Entry Level Certified 1 Certified 2 Certified 3
6. Years Teaching: 0-1 2-5 6-10 more than 10
7. Teaching Status: Full-time Part-time Not actively teaching

8-11. Please tell us if the following elements of your clinic were "Excellent," "Good," "Fair," or "Poor."

	Excellent	Good	Fair	Poor
8. Your examiner's communication skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Safety and risk awareness responsibilities. Were you safe?:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Your examiner's organizational skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Your examiner's skill at conducting a "fair" assessment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please explain below if you responded "Fair" or "Poor" to any element.

13. What was this examiner's greatest strength?

14. What could this examiner do to improve?

15. Additional comments.