



Assessment Feedback Form

To enable us to monitor the quality of our services it would be appreciated if you could take a little time to complete this form.

Please put your form in the envelope provided and leave it at reception or post it back to us at a later date.

1 How easy was it to find us on the University campus? (circle one answer)

Very easy Quite easy Quite difficult Very difficult

Any comments? _____

2 Was the assessment room accessible? **Yes No**

Any comments? _____

Was the room comfortable? **Yes No**

Any comments? _____

Was the lighting in the room adequate? **Yes No**

Any comments? _____

3 Was the Assessor friendly and easy to talk to? **Yes No**

Any comments? _____

4 Did you feel your assessor understood how your disability/condition affected your studies? **Yes No**

Any comments? _____

5 Did you feel the assessment covered your learning support needs? **Yes No**

Any comments? _____

6	Do you understand what happens after your assessment?	Yes	No
Any concerns? _____			

7	Did you have any equipment/software demonstrated to you?	Yes	No
	Was the demo helpful?	Yes	No

8	Were you given the opportunity to try any equipment/software?	Yes	No
	Was that helpful?	Yes	No

9	Did you feel that any item was particularly useful to you?	Yes	No
Which item(s)? _____			

10	The PAQs (the information forms you had to complete before the assessment) were easy to understand?	Yes	No
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11	The PAQs were easy to complete?	Yes	No
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12	Do you see the relevance of completing PAQs prior to assessment?	Yes	No
Any comments about the PAQs? _____			

13	Did the assessment fulfil your expectations?	Yes	No
Any comments? _____			

14	Please rate your overall assessment experience out of 5 (1 being poor, 5 being excellent):
"I rate the assessment experience at _____ out of 5"	

Your Name, if you wish to provide it. (please print);

Date of your assessment _____

Thank You