

Senior Evaluation Feedback

To be completed by candidates, evaluators, advocates and other participants

Name (optional):

Date:

Location:

Region:

Event (circle): **Alpine** **Toboggan (Alpine or Nordic)** **Nordic** **SEM** **Auxiliary**

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|----|--|----------------|-----------|---------|-------------------|-------------------|----------------|
| 1. | The evaluation met my expectations. | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | |
| 2. | The evaluation was well organized and started on time. | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | |
| 3. | The skill performance expectations were easy to understand. | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Does not apply |
| 4. | The skills demonstrations were valuable. | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Does not apply |
| 5. | The examiner(s) clarified material when candidates appeared not to understand. | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Does not apply |
| 6. | The evaluation was in a relaxed, positive manner. | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | |
| 7. | Overall, I would rate this evaluation: | Excellent | Very Good | Good | Needs Improvement | | |

The staff welcomes your comments and suggestions for improving the senior evaluation. It is helpful if you are as specific as possible. Please use another sheet of paper if needed.

What are the strengths of the evaluation?

What could be improved in the evaluation?

Who were your examiners?

I'd like my examiners to do a better job of:

My examiners did an excellent job of:

Other comments?