

SOUTH AFRICAN MOUNTAINEERING DEVELOPMENT AND TRAINING TRUST

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Top Rope Supervisor Assessment Quality Assurance Form

At the MDT we are constantly trying to improve the quality and consistency of the assessments presented by our Service Providers. Please take a few minutes to complete this questionnaire.


































This is purely an evaluation questionnaire and does not affect the outcome of your assessment, although your feedback is essential in to the Issuing of your Certification

Your name: _____

Assessors name(s): _____

Assessment date: _____ Number of days: _____

Please comment on how well the components of the assessment that you attended that are listed below met your expectations: (*Tick the appropriate box*)

	Below my expectations (Poor)	Fulfilled my expectations (Good)	Exceeded my expectations (Excellent)
1. Adequacy of pre assessment information?			
2. Your impression of the ability and professionalism of the assessor?			
3. Consideration of your specific needs?			
4. Assessment content?			
5. Assessment venue?			
6. Safety during the assessment?			
8. Your assessors' broad knowledge of the subject?			
9. Your assessors' ability to respond to questions adequately?			
11. Opportunities provided to demonstrate/prove skills?			
12. Same level of fairness and equality given to all participants?			
14. Your overall impression of the quality of the assessment?			

Was there any aspect of the assessment that you were not happy about? If so, please explain...

Do you have any suggestions for improving the assessment?

Do you have any other comments about the assessment or your assessor(s)?

PTO...

