

FEEDBACK FORM-Assessor

Title of training course (Job Role): _____

Name of Training Provider: _____

Date: _____

Location: _____

Batch ID: _____ Batch Strength: _____ No. Assessed: _____

- | | YES | NO |
|--|-----------------------|-----------------------|
| 1. Did the training provider have the required equipment/tools/infrastructure/power backup for Smooth conduct of assessment? | <input type="radio"/> | <input type="radio"/> |
| 2. Did the training partner provide all assistance for the assessment ? | <input type="radio"/> | <input type="radio"/> |
| 3. Were the candidates comfortable in using the computer/tablet? | <input type="radio"/> | <input type="radio"/> |
| 4. Were valid candidate id's produce and checked by you? | <input type="radio"/> | <input type="radio"/> |
| 5. Was the attendance register properly maintained? | <input type="radio"/> | <input type="radio"/> |
| 6. Was the viva recorded? | <input type="radio"/> | <input type="radio"/> |
| 7. Was any emphasis placed by TP on personal grooming? | <input type="radio"/> | <input type="radio"/> |

8. Any Suggestions/comments?

DATE:

Signature Of Assessor: