



Assessor Practitioner's Manual

APPENDIX N

Assessment Evaluation Form: Verification Report

ASSESSMENT EVALUATION FORM : VERIFICATION REPORT

Note:

This report is completed as a result of the Registered Project Manager (RPM) Candidate completing and submitting the Assessment Evaluation Form (details to be copied to the following fields).

Assessment Details

Candidate's Name:

Candidate's Contact Details:

Principle Assessor's Name:

Date Assessment Commenced:

Date Assessment Completed:

Preparing for the Assessment

(Circle the answer)

1. Did the assessor help you to understand:

• The reason you were undertaking the assessment?	Yes / No
• The standards against which the assessment was taking place?	Yes / No
• The methods for collecting and judging evidence of competence?	Yes / No
• How to collect and present evidence of your skills?	Yes / No
• How to collect and present evidence of your knowledge?	Yes / No
• The processes to be followed in assessing the evidence?	Yes / No
• The expected outcome of the assessment?	Yes / No
• What to do in the event that you did not agree with the outcome?	Yes / No
2. Did you agree an assessment plan? Yes / No
3. Did you have any special needs that had to be taken into account before or throughout the assessment? Yes / No
4. Were you satisfied that these needs were adequately considered when preparing for the assessment? Yes / No

Conducting the Assessment

5. Did simulations and other assessment tools and instruments accurately reflect your workplace or the conditions in which you apply your skills and knowledge? Yes / No

If not, please explain:

6. Did you feel encouraged by the assessor throughout your assessment? Yes / No

If not, please explain:

7. Was the feedback you received positive, supportive, and at a pace and level appropriate to your needs? Yes / No

If not, please explain:

8. Were you encouraged to consider evidence of your skills and knowledge that may have been gained through other activities outside of your immediate workplace? Yes / No

9. Did the plan for collecting evidence make best use of time and other resources, and cause minimum disruption to your workplace activities? Yes / No
- If not, please explain:

- | | |
|---|----------|
| 10. Where evidence did not meet the Rules of Evidence, was feedback provided in a timely manner along with reasons for the evidence's failure to meet these requirements? | Yes / No |
| 11. Was feedback provided throughout the assessment activity? | Yes / No |
| 12. Did the feedback meet your needs and was it clear, constructive, and appropriate to your level of confidence. | Yes / No |

After the Assessment

- | | |
|---|----------|
| 13. Were you happy with how and when you were informed of the assessment outcome? | Yes / No |
|---|----------|

If not, please explain:

- | | |
|--|----------|
| 14. If some or all of the evidence you presented resulted in a judgement of Not Yet Competent , were you given clear information about: | |
| • The reason for this decision? | Yes / No |
| • What you needed to do next? | Yes / No |
| • Where and when a further assessment would be carried out? | Yes / No |
| • What to do if you disagreed with the assessor's decision? | Yes / No |

If not, please explain:

Overall

15. What the assessment a positive experience for you? Yes / No

If not, please explain:

16. Are there suggestions you could make for improvements to the assessment processes?

Candidate's signature : _____

Assessor's signature : _____

Date Received by Verifier : _____

Comments by Verifier concerning feedback to the Assessor:

- Preparing for the Assessment
- Conduct of the Assessment
- After the Assessment
- Overall Comments

Comments by Verifier concerning feedback to the PROKOM Certification and Assessment Manager:

- Preparing for the Assessment
- Conduct of the Assessment
- After the Assessment
- Overall Comments

Additional comments concerning Continuous Improvement for the JKR PROKOM CBAS:

Verifier Name : _____

Signature : _____

Date : _____