



**Assessor Practitioner's Manual**

## **APPENDIX O**

### **RPM Candidate Post Assessment Feedback**

## **RPM CANDIDATE POST ASSESSMENT FEEDBACK - EVALUATION OF THE ASSESSMENT - FEEDBACK PROCESS**

**Attention:** PROKOM Assessment and Certification Manager.

**Fax:** 03-40411940

**Note to Candidate:** Please take the time to answer all questions as full as possible. Your feedback will help us to improve the assessment process. You may either fax it to PROKOM, Attention Assessment and Certification Manager on the fax number above or alternatively you can give it back to the Assessor to return.

**Note to Assessor:** This evaluation form should be completed by the candidate and returned to PROKOM. The feedback given by the candidate is important for both the assessment process and the Certified Project Manager award program. Therefore your assistance in returning this form to PROKOM will be appreciated.

Candidate's name:

Contact details:

Assessor name:

Date(s) of assessment:



**Preparing for the Assessment:**

1. Did the Assessor have an initial discussion with you regarding the Certified Project Manager assessment?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2. Did the Assessor help you to understand:	
• The reason for undertaking assessment?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
• The Certified Project Manager standards against which the assessment was taking place?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
• The methods for collecting and judging evidence of competence?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
• How to collect and present evidence of your skills?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
• How to collect and present evidence of your knowledge?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
• The processes to be followed in assessing the evidence?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
• The expected outcome of the assessment?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
3. Did you agree an assessment plan?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
4. Did you have any special needs that had to be taken into account before or throughout the assessment?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
5. Were you satisfied that these needs were adequately considered when preparing for the assessment?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

**After the assessment**

6. Were you happy with how and when you were informed of the assessment outcome?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
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If not, please explain:

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7. If some or all of the evidence you presented resulted in a judgment 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:

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### Overall

8. Was the assessment a positive experience for you? ☐ Yes / ☐ No

If not, please explain:

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Are there any suggestions you could make for the improvement to the assessment process? ☐ Yes / ☐ No

Candidate's signature : \_\_\_\_\_  
Date received by PROKOM : \_\_\_\_\_  
Feedback to Assessor : \_\_\_\_\_

