

## **TP Feedback Form**

This feedback form must be filled up by TP SPOC at Training Center at the end of assessment.

|                           |  |                         |  |
|---------------------------|--|-------------------------|--|
| <b>TP Name:</b>           |  | <b>Assessment date:</b> |  |
| <b>TC Name:</b>           |  | <b>Job Role:</b>        |  |
| <b>Batch ID/Name:</b>     |  | <b>Assessor ID:</b>     |  |
| <b>Assessment Agency:</b> |  | <b>Assessor Name:</b>   |  |

**Tick on correct box:**

1. Whether Assessor holds ID card or not?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

2. Did assessor carried question papers, Attendance sheets, Answer sheet at center?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

3. Did Assessor reached on time for Assessment?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

4. Did Assessor brief candidates in the local language?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

5. Did assessment conducted in fair and ethical way?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

6. Were candidates comfortable with Assessor?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

7. How would you rate the quality of assessment?

|           |      |      |      |
|-----------|------|------|------|
| Excellent | Good | Fair | Poor |
|           |      |      |      |

**Any Feedback:**

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**Stamp & Signature  
of Training Center**

**Date:**