

**ASSESSMENT PERFORMANCE EVALUATOR EVALUATION FORM**

Date: \_\_\_\_\_

Performance Evaluator Name: \_\_\_\_\_

OBSERVATIONS	YES	NO	COMMENT
Conducted performance verifications according to the performance verification section of the Accredited Assessment Center guidelines?			
Was the site appropriate to complete all required performance tasks?			
Were all required equipment available and in good working order?			
Did the evaluator have the appropriate performance verification packet?			
Did the evaluator verify the candidate's ID?			
Were all tasks completed as outlined?			
Was accurate time recorded for each task?			
Were all tasks rated and the form completed properly?			
Were safety guidelines followed to include PPE?			
Did candidate complete the Registration & Release form either on paper or in the Registry System?			

**Additional Notes/Comments:**

Primary Administrator/Assessment Administrator/Master Trainer: \_\_\_\_\_

Signature: \_\_\_\_\_