

PRACTICAL EXAMINER EVALUATION FORM

Date: _____

Practical Examiner Name: _____

OBSERVATIONS	YES	NO	COMMENT
Is there unobstructed space to perform all practicals?			
All required equipment is available and in good working order?			
Did the examiner wear proper PPE?			
Did the examiner verify candidate ID?			
Did the candidate receive a copy of the candidate handbook? Question directed to office personnel - Examiner not likely to perform this step.			
Did the candidate sign a Registration and Release form? Question directed to office personnel - Examiner not likely to perform this step.			
Did the examiner set the practical exam up per specifications?			
Did the examiner read candidate instructions exactly as written?			
Did the examiner use a stopwatch to record accurate times as required?			
Were safety guidelines followed to include PPE?			
Did the examiner complete the answer sheet accurately?			
For programs operating before August 2020			
Did the candidate complete the demographic sheet?			
Did the examiner return the used test booklet to the AAS representative or Primary Administrator			

Additional Notes/Comments:

Primary Administrator/Assessment Administrator/Master Trainer: _____

Signature: _____