

External Assessor Evaluation Form

We would like to congratulate for completion of external assessment of _____.

As a part of evaluating our procedures, we request to provide feedback on external Assessors during the External Assessment Process, Central Quality Supervisory Committee is interested in your views on the quality of service provided, and the independence, objectivity, and professional scepticism demonstrated by the external Assessment team.

Please rate the Assessor's performance on each of the following attributes using a five-point scale, where 5 = Excellent, 4=Very Good, 3=Good, 2=Fair, 1=Poor.

One form should be completed for each member of Assessment Team. The information provided by you would be kept confidential and would not influence the outcome/Conclusion of external assessment and would only be used for improving process of External Assessment.

ASSESSOR PERFORMANCE EVALUATION FORM						
Department's Assessed						
Date of Assessment						
Assessor's Name						
S. No	Attributes	Poor 1	Fair 2	Good 3	Very Good 4.	Excellent 5.
1	Assessment Plan and Schedule shared well in advance.					
2	Arrived at Facility/Department on time as per schedule.					
3	Presentation skills during Opening and Closing Meeting.					
4	Courteous and dignified behaviour of Assessor.					
5	Is technically competent and able to translate knowledge into practice e.g., Professional knowledge and skills related to Public health and Quality Assurance					
6	Communicates effectively e.g., verbally and in writing, being constructive and respectful in all interactions,					
7	Support, handholding and On-The-Job Training provided during assessment.					
8	Is forthright in dealing with difficult situations e.g., by proactively identifying, communicating and resolving technical issues, raising important issues to appropriate levels in the organization, and by handling sensitive issues constructively.					

9	Demonstrates integrity and objectivity e.g., by maintaining a respectful but questioning approach throughout the Assessment, proactively raising important issues, and articulating a point of view on issues.					
10	Support provided in preparing Action Plan					

Please provide any additional comments on your experience with this Assessor:

Please sign, date and return the form to QI division, NHSRC in a sealed envelope. Thank you for taking time to complete the evaluation.

Name		Signature	
Date		Designation	