



Assessment Feedback Form—Administrator

PAS-3

We welcome your comments about the PAS-3 assessment. The feedback you provide will be used to make improvements in the interview process. Please return this completed form in the envelope provided to the McCormick Center within five days after your assessment.

Date: _____ **Assessment start time:** _____
Assessor: _____ **Assessment end time:** _____
Program Name: _____
Administrator Name: _____ **Administrator Phone:** _____

In preparing for this visit, how much time did you spend gathering and organizing necessary documentation?
_____ hours _____ minutes

The assessor arrived at the scheduled time. Yes No

	<i>Strongly Disagree</i>				<i>Strongly Agree</i>
The assessor was cordial and friendly.	1	2	3	4	5
The assessor was knowledgeable about the content of the PAS.	1	2	3	4	5
The assessor's interviewing style made me feel at ease.	1	2	3	4	5
The assessor conducted the interview in a professional manner.	1	2	3	4	5
This PAS assessment process was beneficial for me and my program.	1	2	3	4	5

Prior to this assessment, were you familiar with the PAS? Yes No
If yes, how so? Training Self-assessment Formal assessment Other _____

Do you have any comments you would like to share about this PAS assessment?

