



## Nova Scotia Pony Club

### Branch Test Rep - Test Evaluation Form

To be completed by the **Branch Test Rep** following each test within your club to assess the examiners' performance. Please forward with your Test Result Report Sheet to the Regional Test Chair.

Date: \_\_\_\_\_ Branch: \_\_\_\_\_ Test Site: \_\_\_\_\_

Level(s) Tested: \_\_\_\_\_ Examiner(s): \_\_\_\_\_

Total number of candidates tested: \_\_\_\_\_

Number of candidates passed: \_\_\_\_\_

If more than 4 candidates were tested, please indicate how the candidates were grouped for the examiners:

Duration of test(s): \_\_\_\_\_ hours

Examiner Honourarium (incl transportation) paid: \_\_\_\_\_

If you answer no to any of the following, please use the back of the page to give further explanation.

1. Did the examiner(s) test within the requirements outlined in the Testing Procedures Manual for the level being tested? Yes \_\_\_\_\_ No \_\_\_\_\_
2. In your opinion, was the examiner very familiar with the requirements for the level being tested? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you feel that the testing was educational for the candidates? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Did the candidates seem comfortable with the examiner(s)? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you received positive or negative feedback from any of the candidates or others concerned with the testing?

Please explain \_\_\_\_\_  
\_\_\_\_\_

Do you, as Branch Test Rep, agree with the above comments? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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