

FEEDBACK FORM

As a follow up to your peer and practice assessment (*once the assessment has been completed*), please complete this questionnaire and return it to CCO at your earliest convenience. Your name and the assessor's name are **optional** (if you would like your comments to remain anonymous).

Name (optional)

Assessor (optional)

1. Was the peer assessment helpful as a learning opportunity?

- PPA 1.0 PPA 2.0 Yes No

Please explain:

2. Did you feel more or less anxious after your peer assessment?

- More Less Neither

Explain:

3. What were the three most valuable take-a-ways from completing this process?

1. _____

2. _____

3. _____

4. Comments on the assessor's performance:

5. General feedback and/or suggestions on the overall process:

Attach additional sheets as required.

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