

Registrant Peer and Practice Assessment Feedback

As a follow up to your peer and practice assessment, please complete this form and return it to the College at your earliest convenience. Providing feedback about your experience of the assessment will enable the College to address any issues or concerns about the program and assist in finding ways to improve the process in the future.

This form may be completed electronically or by hand (please print clearly) and submitted in one of the following ways:

email: qa@collegeofnaturopaths.on.ca

mail: College of Naturopaths of Ontario Quality Assurance Department 150 John St, 10th Floor Toronto, ON, M5V 3E3

fax: 416-583-6011

Registrant's name (optional): _____

Assessor's name: _____

valuation of the Peer and Practice Assessment
1. Did you find the peer and practice assessment to be helpful as a learning opportunity?
□ Yes □ No
Please explain:

2. Do you feel the areas of your practice that were assessed and the worksheets used by the assessor fairly evaluated your practice and your knowledge, skill and judgment?
🗆 Yes 🔲 No
Please explain:
3. Did you feel more anxious or less anxious after your assessment?
More Less
Please explain:
Please provide any additional comments you have about the assessment.
Evaluation of the Assessor
4. Did the assessor clearly explain the assessment process and answer all your questions?
Yes No

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Please explain:
5. Did the assessor provide useful feedback and suggestions?
□ Yes □ No
Please explain:
Please provide any additional comments you have about the assessor.
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Evaluation of the Operational Procedures
 6. Was the assessment process (e.g. timing of communications from the College, arranging for the day and time of the assessment, accessing needed information) efficient? Yes No

Please explain:
7. Do you feel there was enough time spent on the assessment?
□ Yes □ No
Please explain:
8. Was the College's correspondence with you helpful throughout the process?
□ Yes □ No
Please explain:
9. Was it helpful to review the Assessor's Report?
□ Yes □ No

Please explain:

Please provide any additional comments you may have.