**EXAMINATION FEEDBACK FORM**

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| --- | --- |
| **Centre Number** |  |
| **Centre Name** |  |
| **Qualification Title** |  |
| **Test Series** |  |
| **Paper** (4 digit) **Identification Number(s)** |  |
| **Examination Date** |  |

**For each section below, please tick (✓) boxes as appropriate and add any comments that you think are necessary in the space provided. Please identify specific questions wherever possible and provide examples of perceived general problems**

**Coverage of Syllabus:**

|  |  |  |  |
| --- | --- | --- | --- |
| A | The paper gave good coverage of the syllabus | |  |
| B | The paper gave poor coverage of the syllabus | |  |
| **Please indicate specific Learning Outcomes poorly covered** | |  | |
| Comments | | | |

**Degree of Difficulty and Appropriateness for Intended Candidates:**

|  |  |  |
| --- | --- | --- |
| All questions were at the correct level of difficulty | |  |
| The majority of questions were at the correct level of difficulty | |  |
| Few questions were at the correct level of difficulty | |  |
| There were questions set at too high a level | |  |
| There were questions set at too low a level | |  |
| Please indicate specific questions where level considered incorrect |  | |
| Comments | | |

**Clarity of the Examination Paper:**

|  |  |  |
| --- | --- | --- |
| Were any of the questions considered unclear by yourself or the candidates? Please indicate question numbers below | |  |
| Unclear question numbers |  | |
| Was the wording of any of the questions considered ambiguous by yourself or the candidates? Please provide specific examples below | |  |
|  | |  |
| Other Comments | | |

**General Comments**

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| Please add any general comments that you would like to make that would help to improve the examination paper or process. |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Email for feedback \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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| **For Society use only:**  **Date Received: Paper Identification No.** |