



PSIA/AASI-NRM Event Review

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Event Location _____

Date _____

Level I II III DCE

Event Type: Ed. Clinic Prep Exam

Please rate your experience at this event. Your Clinicians/Examiners, Committee Chairs, and Board of Directors appreciate your feedback. This information will be used to improve the clinic and exam process.

Section I

Rate the clinicians/examiners

Please answer this section with a score of 1 to 5,

(1= poor 3 = average 5 = excellent)

Please rate each clinician/examiner.

- 1 Organization
- 2 fostering group participation
- 3 understanding of material
- 4 on snow demos match his/her explanations
- 5 demonstrate awareness of safety-related issues
- 6 interpersonal skills
- 7 creative presentation of the material
- 8 provide meaningful feedback
- 9 provided a valuable learning experience for you
- 10 Overall, how do you rate the event's organization

	Clinician/Examiner Name	Clinician/Examiner Name	Clinician/Examiner Name

pre-event : _____

during event: _____

Continued on reverse side

Complete the following sections according to the type of event you attended:

Exam candidates sections II and III where appropriate

Prep Clinic participants section III

Educational Clinic participants section IV

Section II - Exam

Do you feel the exam was a valuable learning experience? (Please Explain)

Was the exam material consistent with the material covered in the Prep Clinic? (Please explain)

Section III - Prep Clinic

(Prep Clinic Only) Do you feel this clinic helped you prepare for the exam?

What did you like or dislike about the clinic/exam format? (length, pace, # or participant, written test...)

What would you change or do to make this process better?

Section IV - Educational clinic

Was the topic worthwhile? (Liked the most/ Liked the least)

Do you have any suggestions for future topics or to make the clinics better?
