**APPENDIX 2: Teacher Feedback**

This form should be completed on both assessment days.

|  |  |
| --- | --- |
| **School name:** |  |
| **Teacher name”** |  |
| Date of assessment | Start | End |
|  | \_\_\_\_\_\_:\_\_\_\_\_\_ | \_\_\_\_\_\_:\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_:\_\_\_\_\_\_ | \_\_\_\_\_\_:\_\_\_\_\_\_ |
| 1. Did any of the following affect the session?
 | 1. Announcements over

the loudspeaker/alarms **Yes/No**1. Class changeover in the school **Yes/No**
2. Students or teachers visiting

 the testing room **Yes/No***Delete the Yes or No as appropriate* |
| 1. Other comments
 |  |
| 1. Were there any technical problems with the assessment (e.g. missing images, questions not loading)?
 | **Yes/No**If Yes, please specify: |
| 1. Were there any particular assessment questions that students sought clarification for?
 | Student Name\*:Question number:Comments:*\*This information allows us to check if the problem affected the student’s response.**Copy and paste these headings for additional students as required.*  |
| 1. Other comments
 |  |
| 1. Student feedback
 |  |

***Thank you for your participation and contribution. Please email your completed form to*** ***eal@edumail.vic.gov.au******.***