**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***](mailto:eal@edumail.vic.gov.au)***.***