



PSYCHOMOTOR SKILLS QUESTIONNAIRE FOR EVALUATORS

State Form 54596 (R / 1-14)



Indiana Emergency Medical Services Commission Psychomotor Skills Questionnaire for Evaluators

Name:		Date (month, day, year):	
Skill Station Evaluated:		Site:	

1. What is your overall impression of the skill evaluation instrument and essay?
2. Do you feel you were able to objectively observe, evaluate and document the candidates' performances with these materials? Explain.
3. Were there any areas on the skill sheet or in the essay which were not clear to you? Explain.
4. Did you need to ask the State Representative for any clarification on any matter during this exam? Explain.
5. Please list and explain any areas where we might be able to improve or change these materials.
6. Do you feel this station adequately measured the candidates' minimal competence?
7. Of the candidates' completing this station who did not commit any errors requiring you to check one of the "Critical Criteria" statements, would you feel confident in their abilities to perform this skill in the pre-hospital setting tomorrow? Explain.
8. Additional Comments
Thank you for assisting in this examination. Your comments are valued and will assist in further refinement of the examination.
Briefly list your qualifications, certifications, etc.