

Rwanda Biomedical Center

**Competency Assessment Feedback Performance - Evaluator of Personnel Competency**

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| **Observer Name**  **(*Individual Assessing Performance of Evaluator*)** |  | **Tester Name**  **(*Individual Performing Testing*)** |
|  |  |  |
| **Evaluator Name**  **(*Individual Being Observed*)** |  | **Date of Observation/Assessment** |

|  |  |
| --- | --- |
| **Rating Key:** | **1 = unsatisfactory**  **2 = fair**  **3 = satisfactory**  **4 = very good**  **5 = excellent** |

|  |  |  |
| --- | --- | --- |
| **Attributes and Performance** | **Rating**  *(Please circle)* | **Comments** |
| Introduction given (of both, self and topic) | 1 2 3 4 5 |  |
| Appropriate direct observation checklist used | 1 2 3 4 5 |  |
| Minimum assistance/guidance/interruption during assessment | 1 2 3 4 5 |  |
| Feedback/conclusion/summarization to tester | 1 2 3 4 5 |  |
| Conclusion/summarization to in-charge | 1 2 3 4 5 |  |
| Organization and preparedness | 1 2 3 4 5 |  |
| Time management | 1 2 3 4 5 |  |
| Subject matter knowledge/command on subject/topic | 1 2 3 4 5 |  |
| Spoke clearly and easily understood | 1 2 3 4 5 |  |
| Communication (language, choice of words) | 1 2 3 4 5 |  |
| Dress, neatness and appearance | 1 2 3 4 5 |  |
| Eye contact | 1 2 3 4 5 |  |
| Gesture and posture | 1 2 3 4 5 |  |
| Confidence level | 1 2 3 4 5 |  |
| Professionalism exhibited throughout assessment | 1 2 3 4 5 |  |

**Additional Comments: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

Signature of Observer: …………………………………………………………… Date: ………..….…/……..……/……..……

**Observer Contact Information**

Name of Facility: ……………………………………………………… District ………………………………………… Region: …………………

Phone: ……………………………………………………………………… Email: ……………………………………………………………