

INTEGRATED PRACTICAL EXAM Student Feedback Form

Location of Exam: _____

Type of Exam: _____ **Skill Based** _____ **Scenario Based**

Please answer the following questions as thoroughly as you can. We want to learn as much as we can from you about your IPE Experience. Your honest assessment of the IPE you just completed will assist us to improve the exam process. Please feel free to offer any other comments you feel will assist us in improving this process

Please rate the following statements about the Integrated Practical Exam (IPE) based on your participation. Please circle your response on using the following scale of 5 being the highest, or most positive score, and 1 being the lowest, or least positive score. Feel free to comment further on any specific items in the space below each.

High Low

5 4 3 2 1 The IPE started on time.

5 4 3 2 1 The IPE was well organized.

5 4 3 2 1 The equipment at each station was in usable condition.

5 4 3 2 1 The stations were reasonably private and free of distractions.

5 4 3 2 1 The course content adequately prepared you for the IPE.

5 4 3 2 1 The Instructor/Coordinator addressed and responded to my concerns.

5 4 3 2 1 The State Evaluator adequately addressed your questions and/or conflicts regarding the IPE.

If you answered 3 or less on any of the above questions, please let us know what caused the low score.

Is there anything that you believe could be done to improve the Integrated Practical Exam process?