

**SPECIALIST ADVISER’S FEEDBACK FORM**

ACADEMIC YEAR / SESSION: ………………………………………………………………..……….

SPECIALIST ADVISER’S NAME: ……………………………………………………………..……….

SPECIALISM (Instrument/Voice/Composition): ………………………………………………………

HOME INSTITUTION (or affiliation, if applicable) ……………………………………………………

PROGRAMME and LEVEL(S) ASSESSED ……………………………..…………….…………….

HAVE YOU BEEN A SPECIALIST ADVISER AT TRINITY LABAN PREVIOUSLY? YES/NO

*This questionnaire is intended to help Trinity Laban ensure that its Specialist Advisers are adequately briefed in discharging their responsibilities.*

1. Did you receive the relevant hand-outs and marking criteria? YES NO N/A

2. Did you fully understand your duties as Specialist Adviser from your pre-assessment briefing?

YES NO N/A

Are the standards set appropriate with regard to the level(s) of the assessment and/or professional expectations?

YES NO N/A

Are the marking standards that have been applied comparable with those of similar programmes in other UK Institutions with which you are familiar?

YES NO N/A

Have the students been assessed in practice at a level comparable with students at other Institutions?

YES NO N/A

Was the assessment relevant to the Learner Outcomes (aims for student achievement) of the module assessed?

YES NO N/A

Please add any comments you wish to make (please continue on the reverse of this form):

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