

Group Test Report Form

Date of test:

Length of test:

Person(s) completing form:

Persons participating

Evaluation (circle "pass" or "fail")

Pass Fail

Pass Fail

Pass Fail

Pass Fail

Pass Fail

Pass Fail

Pass Fail

Pass Fail

Topics covered:

Method of demonstration:

Evaluation of group test:

How valuable was the group test experience?

Not at all valuable 1 2 3 4 5 6 7 Very valuable

What was most valuable?

How could the experience be improved?

Signatures: We, the undersigned, agree that the test was passed by those participants indicated above.
