

## DANCING ACHIEVEMENT AWARD ORGANISER'S REPORT FORM

Name of Branch/Centre:
Date of Assessment:
Number of Dancers assessed at: Intermediate: Advanced: Very Advanced:
Name of person completing the report:
Position (e.g. Branch secretary):
Names of Assessors: (1)
(2)

## NOTES FOR THE PERSON COMPLETING THE FORM:

- The aim of this form is to give the opportunity to provide evaluation of the effectiveness of the administrative procedures for the assessments.
- When completing this form, please insert 'X' at the appropriate response to each question.

1.	Do you consider that effective communication and	professional relation	nship were maintain	led
	prior to and during the visit?	Yes	No No	

- Were you satisfied that any requests made by you either prior to or during the visit were answered promptly?
  Yes No
- 3. Were you satisfied that the information provided on the Dance Achievement Award process was accurate, complete and current? Yes No
- 4. If applicable, were you accurately and promptly informed of any departure from RSCDS requirements? Yes No
- 5. In general, from your point of view, do you consider that the Dancing Achievement Award assessments ran smoothly for all concerned? Yes No

If appropriate, please provide on the page overleaf any additional comment on the assessments conducted at your Branch/Centre. Then, enter your name and date the form in the space provided.

/over.....

Additional comment:

Name of person completing the form: .....

Date: .....

Thank you for taking the time to complete this form.

Please return to:

Examinations Officer, RSCDS, 12 Coates Crescent, Edinburgh, EH3 7AF – <u>examhelp@rscds.org</u>