

**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.*

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| Did you receive the relevant hand-outs and marking criteria?  | *Yes/No/N/A* |
| Did you fully understand your duties as Specialist Adviser from your pre-assessment briefing? |  |
| Are the standards set appropriate with regard to the level(s) of the assessment and/or professional expectations?  |  |
| Are the marking standards that have been applied comparable with those of similar programmes in other UK Institutions with which you are familiar? |  |
| Have the students been assessed in practice at a level comparable with students at other Institutions? |  |
| Was the assessment relevant to the Learner Outcomes (aims for student achievement) of the module assessed?  |  |

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

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