

VIRGINIA Standards of Learning Assessments
ENGLISH: WRITING TEST

EVALUATION OF THE AUDITOR AND AUDIT PROCESS

AUDITOR:

1. Leave a copy of this form with the Examiner, the STC, the Principal, and the DDOT.
2. On each copy, complete the following information:

Auditor Name: _____ **Date:** _____

School: _____

Division: _____

Grade Observed: _____

Component Observed: **Multiple Choice**
(check one) **Direct Writing**

TO Examiner, STC, Principal, and DDOT:

The Virginia Department of Education and Harcourt Educational Measurement would appreciate your assistance in improving the audit process for future administrations of the Standards of Learning Assessments. Once completed, you may either mail or fax this form to Harcourt Educational Measurement per the information on the last page.

Thank you very much for participating in this audit and for your part in administering the SOL assessments.

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1. Please indicate your position:

- Examiner School Test Coordinator Division Director of Testing
 Other (specify) _____

2. Was the Auditor punctual? Yes No Not known to me

3. Did the Auditor present appropriate identification to you? Yes No

4. Did the Auditor meet with you to complete an audit questionnaire?

- Yes No

At what time did this take place? _____

5. To your knowledge, did the Auditor meet with any of these other persons?

(Leave the line for your position blank.)

- | | | | |
|------------------------------|------------------------------|-----------------------------|--|
| Examiner | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known to me |
| School Test Coordinator | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known to me |
| Division Director of Testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known to me |

6. Did the Auditor conduct the audit in a professional manner?

- Yes No

If not, please explain: _____

7. Did the Auditor exhibit a basic knowledge of the program being audited?

- Yes No

If not, please explain: _____

8. Were the items on the questionnaire to which you responded directly related to the program?

- Yes No

If not, please explain: _____

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9. Was the presence of the Auditor in the classroom an impediment to student performance?

Yes No

If so, please explain: _____

10. Are you aware of any difficulties that the audit caused either in the school or in the specific testing session that was audited?

Yes No

If so, please explain: _____

11. What suggestions do you have for making the audit better?

12. **Optional**

Your name (printed): _____

Signature: _____ Date: _____

May we contact you for clarification or follow-up if needed?

Yes No

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- 13.** Please mail your completed Audit Evaluation to:

Virginia Program Coordinator
Harcourt Educational Measurement
19500 Bulverde Rd.
San Antonio, TX 78259

If you prefer, you can send your completed form by toll-free fax to 1-800-547-2059.

Thank you very much for your time and attention.