

	<b>SIERRA LEONE CIVIL AVIATION AUTHORITY</b>	Reference	FORM:AC- PEL0125A
		Revision	01
	<b>PEL Licensing Examination Feedback Form</b>		Date

**DIRECTIONS:** Please rate your examination experience using the rating scale shown below and return the completed form to the supervisor of the examination. Thank you for completing this form. Your feedback will help in the process of creating a better examination experience.

Type of exam taken -----  
License type -----  
Date/ Sign -----

**RATING SCALE: Tick the appropriate option below**

4- Strongly Agree    3- Agree    2- Disagree    1- Strongly Disagree

S/N	ITEMS	4	3	2	1
1.	Examination questions were clear and concise				
2.	Questions were relevant to the knowledge and skills acquired				
3.	The examination instructions were clear and easy to understand				
4.	The exam venue was devoid of distractions				
5.	The time allotted to the exam was adequate				
6.	The examiner was professional in carrying out the invigilation				
7.	The test items and the responses are appropriate				
8.	The questions were devoid of errors both typographic and otherwise				
9.	The questions were in line with the current industry practises				

What particular question(s) should be reviewed? -----

Give Reasons -----  
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Comments/Observations/Complaints-----  
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<b>FOR OFFICIAL USE ONLY</b>	<b>EXAMINATION DEPARTMENT</b>
<b>ACTION TAKEN</b>	
<b>SIGNATURE</b>	