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| **NVLAP ASSESSOR PERFORMANCE EVALUATION** | | | |
| This form is used by NVLAP evaluators to record the results of observations of both fully qualified assessors and assessors-in-training at on-site assessments. The evaluation record should identify areas of good performance, as well as areas in need of improvement and further training. If a rating area does not apply to the category of assessor being evaluated, then enter “NA” in the Comments block.  This form must be completed by the evaluator within 15 days of the conclusion of the on-site assessment. The information on the form is shared with the assessor being evaluated, and the form is signed by both the evaluator and the assessor. The NVLAP Program Manager (if different from the evaluator) then reviews and signs the completed form and ensures that it is filed in the assessor’s records. | | | |
| Assessor Being Evaluated: | | Evaluator: | |
| Lab Name: | | NVLAP Lab Code: | |
| Date(s) of observation: | Start date | | End date |
| Assessor’s Role (check all that apply):  Lead Assessor  Technical Assessor | | | |

| **RATE THE ASSESSOR IN THE FOLLOWING AREAS**  Please use the Comments field to provide feedback information (both positive and areas for enhancement). Explain the reason for any rating of “Needs Improvement.” |
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| 1. Understanding of NVLAP policies and procedures  **Acceptable**  **Needs Improvement**  Comments: |
| 2. Understanding and application of NIST Handbook 150 requirements  **Acceptable**  **Needs Improvement**  Comments: |
| 3. Organization of opening and closing meetings (e.g., use of agenda)  **Acceptable**  **Needs Improvement**  Comments: |
| 4. Assessment skills and techniques (e.g., questioning, listening, data gathering)  **Acceptable**  **Needs Improvement**  Comments: |
| 5. Technical knowledge and skills of technical assessors (e.g., evaluation of uncertainty, traceability, test method expertise)  **Acceptable**  **Needs Improvement**  Comments: |
| 6. Demeanor and interpersonal skills (interaction with laboratory staff and management)  **Acceptable**  **Needs Improvement**  Comments: |
| 7. Communication skills: oral and written (e.g., appropriate note taking, discussions, clarity of questions asked, participation at opening/closing meetings)  **Acceptable**  **Needs Improvement**  Comments: |
| 8. Time management (e.g., ability to work under pressure)  **Acceptable**  **Needs Improvement**  Comments: |
| 9. General comments |

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| **SIGNATURES (To be signed after follow-up discussion)** | |
| EVALUATOR SIGNATURE | DATE |
| ASSESSOR SIGNATURE | DATE |
| PROGRAM MANAGER SIGNATURE  (required if different from evaluator) | DATE |