



(PROGRAM)

Course Code/Title:

TRIAL / TEST RESULTS OF ASSESSMENT TOOL

Title of Assessment	:																					
Date when Assessment Tool Tried/Tested	:																					
Equipment/Materials used	:																					
Duration of Activity	:	<table border="1"> <tr> <td>Time Started</td> <td>:</td> <td>_____Hrs.</td> <td>Time Completed</td> <td>:</td> <td>_____Hrs.</td> </tr> </table>	Time Started	:	_____Hrs.	Time Completed	:	_____Hrs.														
Time Started	:	_____Hrs.	Time Completed	:	_____Hrs.																	
Number and Level of Students used in Trialing / Testing the Assessment Tool	:	<table border="1"> <tr> <td>Number of Students</td> <td>:</td> <td></td> <td>Level of Students</td> <td>:</td> <td></td> </tr> </table>	Number of Students	:		Level of Students	:															
	Number of Students	:		Level of Students	:																	
		<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Grade</th> <th>Signature</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name	Grade	Signature	1				2				3				4			
		Name	Grade	Signature																		
	1																					
2																						
3																						
4																						
Number, Rank/Names of Maritime Instructors who facilitated the Trial/Test of Assessment Tool	:	<p>_____ Instructors</p> <table border="1"> <thead> <tr> <th></th> <th>Rank/Name</th> <th>Signature</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </tbody> </table>		Rank/Name	Signature	1			2			3										
	Rank/Name	Signature																				
1																						
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Results of Trial/Test

Created Assessment Tool is	:	Doable/Attainable	:	Passed	_____ % Ave. Grade of 4 Student
(Please find attached results of Test/Grading)					

Remarks: If the Assessment Tool found to be not doable or unattainable, the Time frame and/or Standard written in component # 4 shall be revised.

ASSESSED BY:

SIGNATURE OVER PRINTED NAME / DATE