

Form 9.2e

STATE UNIVERSITIES CIVIL SERVICE SYSTEM
1717 Philo Road, Suite 24
Urbana, IL 61802-6099

EVALUATION SHEET FOR ORAL EXAMINING PROCEDURE

Examination for _____
(class)

Specialty Factor, if applicable _____

Conducted at _____
(college, university or agency)

Date _____

SPECIAL NOTE: *Please return Evaluation Sheet to the State Universities Civil Service System Office, 1717 South Philo Road, Suite 24, Urbana, Illinois 61802-6099, following the conclusion of the examination.*

TO EXAMINING BOARD MEMBERS: The State Universities Civil Service System will appreciate your comments and suggestions on the questions and procedures followed in this examination. Your suggestions will aid the System in evaluating and improving the oral examining technique.

1. Do you feel that the questions were relevant to the position for which the applicant has been examined?

2. May we have your comments on the:
 - a. form in which the questions were stated.

 - b. length of the examining procedure. Approximately how long did this examination take?

 - c. orientation of Examining Board Members and the conduct of the examination.

3. Any additional comments or suggestions which you feel will lead to the best possible oral examining procedure will be appreciated. (Please use reverse side for additional space.)

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Name _____

Date _____ Position _____

Thank you for serving as an Examining Board Member and for completing this Evaluation Sheet.