

4. Buffer

Buffer Booklets	No. of copies Received	Serial Numbers		Number of Buffer Booklets Used	Number of Buffer Booklets Not Used
		Start	End		
Quantitative Ability					
Verbal Ability					
Scientific Ability					
Abstract Reasoning					

Buffer Answer Sheets	No. of copies Received	Serial Numbers		Number of Buffer Answer Sheets Used	Number of Answer Sheets Not Used
		Start	End		
Answer Sheets					

5. Time Allotment

Subject Areas	Please check (√)			Comments and Observations
	Sufficient	Too long	Too short	
Quantitative Ability				
Verbal Ability				
Scientific Ability				
Abstract Reasoning				

6. Comments and Observations

- a. Were there unusual factors in your testing center that may have affected the examinees performance e.g. lighting, ventilation, condition of the environment during testing, space? If yes, please specify.

- b. Were there any irregularities such as leakage, tampering, cheating, copying of test questions in any form, extending or cutting short of the time allotment for each test, etc. during the testing session? If yes, please specify.

- c. Is the testing center accessible to the examinees?

- d. Were there problems in the availability of facilities e.g. adequate CRs, comfortable chairs, etc.?
If yes, please specify.

7. Do you have any suggestions or recommendations for a better testing in the future? Please write below.

Signature over Printed Name of Chief Examiner

Date: _____

Thank you very much and we look forward to more years of productive partnership with you.

PSHS System Admissions