

**Level I FSIO (State, Local, Tribal)
Auditor Feedback Form**

Auditor Name: _____

Date of Audit Begin ____/____/____ Date of Audit End ____/____/____

Audit Number: 1. or 2. or 3.

Audit Candidate: _____

Agency/Jurisdiction/Department: _____

1. Please provide an accurate estimate of the time (hours) that you have spent preparing for and conducting an audit.

Preparation Time: :

On-site Auditing Time: :

2. Did the Performance Auditor Training you received sufficiently prepare you for the audit you conducted? Please comment?

Yes No

Comments:

3. Did the Audit Criteria, Reference Guide and Worksheet help guide you through the audit process?

Yes No

Comments:

4. Did you receive appropriate feedback/communication from the candidate prior to, during and after the audit? Please comment.

Yes No

Comments:

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5. Was sufficient time allocated for the audit? Please comment.

Yes No

Comments:

6. Were you comfortable with the audit process? Please comment.

Yes No

Comments:

7. Do you have any suggestions for the candidate that would improve the audit process?

Yes No

Comments:

Additional Comments (if any):