

Polygraph Review Critique

F-203a

Trainee Name: _____ Name of Examinee: _____

Examination/Chart #: _____ Date of Exam: _____

		Excellent	Very Good	Good	Fair	Poor
PNEUMO-	Amplitude					
	Adjustments					
	Clarity					
G.S.R.	Centering					
	Sensitivity					
	Clarity					
CARDIO	Amplitude					
	Adjustments					
	Clarity					
QUESTIONS	Spacing					
	Construction					
	Relevant					
	Irrelevant					
	Control					
	Symptomatic					
CHART MARKING						
CHART INTERPRETATION						
	Pneumo					
	G.S.R.					
	Cardio					
REPORTING RESULTS						

TO BE COMPLETED BY THE REVIEWER:

Name of Reviewer: _____

Examination/Chart #: _____

Date Received from Trainee: _____

Was this review in-person between the trainee and the reviewer? Yes No
If not, please indicate reason.

Reason: _____

Specific Issue Exam: Yes No

(If Yes, Indicate Type)

Type: _____

Trainee's Scoring Results: Pass Fail Inconclusive

Reviewer's Scoring Results: Pass Fail Inconclusive

COMMENTS:

Signature of Reviewer

Date Reviewed

Signature of Trainee after Review

Date

TRAINEE: It your responsibility to send the completed original forms to DPSST within 30 days of the exam series being conducted. Keep a copy for your records and send a copy to the reviewer.

Return to: DPSST, Attn: Polygraph, 4190 Aumsville Hwy. SE, Salem OR 97317

Fax: 503-378-4600 Phone: 503-378-2100

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