



## Home Inspector Registration Examination Evaluation Questionnaire

**INSTRUCTIONS:**

- Complete this questionnaire if you are an exam provider seeking to have your exam approved by the Department.
- Enclose supporting documents
- Submit completed questionnaire online to [HIRegistration@mt.gov](mailto:HIRegistration@mt.gov) or mail to: Employment Relations Division • Registration Section • PO Box 8011 • Helena, MT 59604-8011

**NAME OF EXAM:** \_\_\_\_\_

**EXAM PROVIDER:** \_\_\_\_\_

**CONTACT PERSON(S):**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**CONTENT AND IDENTIFICATION OF EXAMINATIONS**

1. Include a copy of the test blueprint/specifications which outlines the content of this examination.

Enclosed

2. How many parts are there to this examination?

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3. For each part, does each require a separate passing score?  YES  NO

4. What is the format of this examination (e.g., multiple choice, true/false, short answer)? List parts separately.

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5. If multiple choice, are “two-tiered” or “k-questions” used?  YES  NO

If yes, approximately what percent are “two-tiered” or “k-questions”?

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6. How many questions are on this examination? List parts separately.

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7. What are the content areas for this examination? Include a detailed description of the content areas including the percentage of items allocated to each area.

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8. Are all items on this examination weighted equally during scoring?  YES  NO

If not, please explain.

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**ASSOCIATION ROLE**

9. Who is currently responsible for development of the examination?

- a. Association only
- b. Testing company on ongoing contract
- c. Testing company on consult/as-needed basis
- d. Jointly by association and testing company
- e. Other (specify) \_\_\_\_\_

10. Who is currently responsible for the scoring of the examination?

- a. Association only
- b. Testing company on ongoing contract
- c. Testing company on consult/as-needed basis
- d. Jointly by association and testing company
- e. Other (specify) \_\_\_\_\_

11. Who is currently responsible for overseeing the psychometric aspects of the examination?

- a. Association only
- b. Testing company on ongoing contract
- c. Testing company on consult/as-needed basis
- d. Jointly by association and testing company
- e. Other (specify) \_\_\_\_\_

12. Who establishes the security guidelines for this examination?

- a. Association only
- b. Testing company on ongoing contract
- c. Testing company on consult/as-needed basis
- d. Jointly by association and testing company
- e. Other (specify) \_\_\_\_\_

13. Who oversees enforcement of the security guidelines during examination development?

- a. Association only
- b. Testing company on ongoing contract
- c. Testing company on consult/as-needed basis
- d. Jointly by association and testing company
- e. Other (specify) \_\_\_\_\_

14. Who oversees enforcement of the security guidelines during examination administration?

- a. Association only
- b. Testing company on ongoing contract
- c. Testing company on consult/as-needed basis

d. Jointly by association and testing company

e. Other (specify) \_\_\_\_\_

15. Who oversees enforcement of the security guidelines during examination scoring?

a. Association only

b. Testing company on ongoing contract

c. Testing company on consult/as-needed basis

d. Jointly by association and testing company

e. Other (specify) \_\_\_\_\_

16. Indicate who has legal ownership of the examinations and the item banks.

a. Association exclusively

b. Testing company exclusively

c. Jointly by association and testing company

d. Other (specify) \_\_\_\_\_

17. If a testing company is indicated above, provide the name(s) of the testing company(s). If more than one testing company is used, also cite which services are provided by each company.

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Services: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Services: \_\_\_\_\_

18. Include a copy of the document or affidavit, signed by the association, which establishes the relationship between the association and the testing company.  Enclosed

### **VALIDITY OF THE EXAMINATION**

19. Is the content of this examination based on a job/task analysis?  YES  NO

If not, please specify on what basis examination content was determined.

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20. When was the most recent job/task analysis performed (or updated)?

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21. Describe the process used to construct the job/task analysis.

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22. What criteria were employed to rate each task (such as frequency, potential for harm, relevancy for new registrant)?

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23. Describe the job/task analysis data collection methods. Include a copy of the final report with details such as sampling methodology, sample size, and other pertinent details.  Enclosed

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24. What is the approximate reading level of this examination? (in school grade level)

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25. If there is a legal challenge on the validity of this examination or to specific items by a candidate, would your organization or the testing company developing this examination defend the examination's validity or items?

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26. Would your organization or the testing company developing the examination cover the cost of legal defense of this examination?

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**NEW ITEM WRITING AND REVIEW**

27. Briefly describe how subject matter experts are selected for item writing and their qualifications. Include information on regions of the country represented, average years of experience in the field, and any other information you consider pertinent.

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28. How many subject matter experts review each item for both accuracy and relevancy to the practice?

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29. Do items writers also serve as item reviewers?

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30. Describe your item writing and item review procedures. Include training methods and procedures for submitting items (e.g., mailed-in versus workshop). Please provide a copy of your item writing and review manual or guidelines.

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**RELIABILITY OF ITEMS**

31. Are new items field-tested prior to use on this examination?  YES  NO

If yes, what method is used (e.g., inclusion of field test items in regular exam administrations)?

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32. How often is a statistical item analysis performed? Indicate who reviews the item analysis and what action is taken on poorly performing items.

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33. Please provide reliability coefficients (e.g., KR-20) for the last three examinations.

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**EXISTING ITEM BANK**

34. How many usable items are in the item bank(s) for this examination?

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35. How often is the item bank reviewed for accuracy by subject matter experts? Include how many subject matter experts are used.

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**SCORING AND MINIMUM PASSING**

36. What quality control procedures are used to ensure the accuracy of the scores? (e.g., hand scoring, double scanning, etc.)

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37. Is the passing score based on a particular percent correct, a standard setting technique (e.g., Angoff), or norm-referenced (e.g., one standard deviation below the mean score of a reference group)?

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38. If applicable, when was the most recent standard setting study conducted?

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39. If applicable, how many of the subject matter experts used for the standard setting has less than three years of experience as a registered professional in the field?

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40. If applicable, describe the standard setting procedure used (include the number of subject matter experts involved and their qualifications.)

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**ADMINISTRATION OF EXAMINATION**

41. Who is currently responsible for administering the examination?

- a. Association only
- b. Testing company on ongoing contract
- c. Testing company on consult/as-needed basis
- d. Jointly by association and testing company
- e. Other (specify) \_\_\_\_\_

42. If a testing company is indicated above, provide the name(s) of the testing company(s). If more than one testing company is used, also cite which services are provided by each company.

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Services: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Services: \_\_\_\_\_

43. Is this examination administered via paper/pencil or computer?     Pencil/Paper     Computer

44. How frequently are new forms of this examination produced?

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45. How much time are candidates given to complete this examination? (list parts separately)

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46. If possible, include a copy of the examination administration manual which includes security procedures.  Enclosed

**SECURITY OF EXAMINATION**

47. If an automated item banking system and/or electronic examination delivery system is used, briefly describe the security of the system(s).

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48. For paper/pencil examinations, where are examinations stored prior to shipment (e.g., room, vault, locking cabinet, etc.)?

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49. Describe any security breaches against this examination during the past three years.

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**CANDIDATE ELIGIBILITY AND NOTIFICATION**

50. Please provide a copy of any descriptive information (e.g., candidate information booklet) that is prepared for examinees.  Enclosed

If an additional fee is charged for this information (beyond the purchase price for the examination), what is the fee?

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**SCORE REPORTING**

51. What kinds of scores are reported (e.g., percent correct, scaled scores, pass/fail status only)?

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52. If scores other than percent correct are reported, please provide an equivalent percent correct for the passing scores on the last three examinations.

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53. Are written grade reports sent to the candidate by the national association or its testing vendor?

YES       NO

If yes, include a copy of a sample grade/score report and any interpretation guide.       Enclosed

**CANDIDATE REVIEW OF EXAMINATION**

54. Are failing candidates permitted to review a copy of the examination and the answer key?

YES       NO

If yes, indicate what fee, if any is charged per candidate.

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**CERTIFICATION STATEMENT**

55. Certification: The undersigned hereby certifies that all responses to this survey are correct to the best of his or her knowledge.

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_