



TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME LABORATORY

External Testimony Evaluation Form

LAB-QA-12 Rev.02 (09/2006)

The Texas DPS strives to achieve service excellence through open communication and cooperation with our customers. Please assist us in achieving this goal by completing this service evaluation.

Thank you for your assistance.

Analyst _____	Laboratory _____	Date of Testimony _____
Court Location _____	Case # _____	Court Case # _____
Evaluator _____ <small>(Please Print Name/Sign)</small>	Title _____	_____
Agency _____	Phone _____	_____
Defendant(s) _____	Subject of Testimony _____	_____

	Rating				
	Excellent	Average	Average	Average	Poor
1. Did the analyst have a professional demeanor and appearance?	<input type="checkbox"/>				
2. Was the analyst well prepared for trial?	<input type="checkbox"/>				
3. Did the analyst effectively present the evidence?	<input type="checkbox"/>				
4. Did the analyst effectively describe their qualifications, duties and analysis?	<input type="checkbox"/>				
5. How well did the analyst convey scientific results to the jury?	<input type="checkbox"/>				
6. Were you satisfied with the overall testimony?	<input type="checkbox"/>				

Please comment on the testimony or ways we might improve our service:

Mail to:
Quality Assurance, Crime Laboratory
Texas DPS
PO Box 4143 MSC 0460
Austin, TX 78765

Or Fax to:
512-424-5645

DPS	Date Received by Crime Laboratory System _____ Date Forwarded to Laboratory _____
	Supervisor _____ Date _____ <small style="margin-left: 100px;">Signature</small>
	Testifying Examiner _____ Date _____ <small style="margin-left: 100px;">Signature</small>