

**University of Toronto
Internal Audit Department
Review Effectiveness Questionnaire**

Review Title _____ Report Date _____

Please provide your reaction to the recently completed review by circling the number that best reflects the manner in which the review was conducted. We would also be interested in any additional comments you might have.

1.	Were the objectives of the review stated clearly?	Very Clearly 5	4	3	2	Not at All 1
2.	Did the auditors clearly explain to you their requirements (working space, required reports, information, etc)?	Very Clearly 5	4	3	2	Not at All 1
3.	To what degree was the review disruptive to your operations?	Not Disruptive 5	4	3	2	Very Disruptive 1
4.	Was the audit team courteous and professional in their dealings with your staff?	Very Much So 5	4	3	2	Not at All 1
5.	Was the communication of review results and status during the review timely and adequate?	Very Much So 5	4	3	2	Not at All 1
6.	Were the findings of the review:	Very Much So				Not at All
	a. consistent with stated objectives?	5	4	3	2	1
	b. accurate?	5	4	3	2	1
	c. clearly stated and discussed?	5	4	3	2	1
7.	Were the recommendations constructive and actionable?	Very Much So 5	4	3	2	Not at All 1
8.	Were your concerns adequately considered during the review?	Very Much So 5	4	3	2	Not at All 1
9.	Was the review report clearly written and logically organized?	Very Much So 5	4	3	2	Not at All 1
10.	Was the time span reasonable from start of the review to the:	Very Reasonable				Not At All
	a. discussion of the draft report?	5	4	3	2	1
	b. issuance of final report?	5	4	3	2	1
11.	Overall, how would you rate your satisfaction with the purpose, scope, objectives, conduct, and results of the review?	Very Satisfied 5	4	3	2	Not At All 1
12.	Do you feel the review added value to your unit?	Very Much So 5	4	3	2	Not at All 1

Please use the space below to provide any other comments about this review that you feel will help evaluate the quality or effectiveness of the review.

Signed _____ Date _____