

Admin/Director's Eval of Accreditation Visit Team



School Visited: _____ Date of Visit: _____

Effective on-site team visits are essential to the successful ACSI accreditation program. In order to assist us in making future team assignments, please complete this confidential form for each team member as thoughtfully and honestly as possible using the following scale:

4 = Excellent 3 = Good 2 = Fair 1 = Poor

Chairperson Name: _____

Areas of Assessment	Comments	Rating
Communication before visit	_____	_____
Appropriate knowledge of self-study	_____	_____
Assistance before visit	_____	_____
Sensitivity in dealing with difficult issues	_____	_____
Thoroughness of observations/interviews	_____	_____
Interaction with school personnel	_____	_____
Overall effectiveness rating	_____	_____

Team Member Name: _____

Areas of Assessment	Rating	Comments
Thoroughness of observations/interviews	_____	_____
Interaction with school personnel/students	_____	_____
Sensitivity in dealing with difficult issues	_____	_____
Overall effectiveness rating	_____	_____

Team Member Name: _____

Areas of Assessment	Rating	Comments
Thoroughness of observations/interviews	_____	_____
Interaction with school personnel/students	_____	_____
Sensitivity in dealing with difficult issues	_____	_____
Overall effectiveness rating	_____	_____

Team Member Name: _____

Areas of Assessment	Rating	Comments
Thoroughness of observations/interviews	_____	_____
Interaction with school personnel/students	_____	_____
Sensitivity in dealing with difficult issues	_____	_____
Overall effectiveness rating	_____	_____

Team Member Name: _____

Areas of Assessment	Rating	Comments
Thoroughness of observations/interviews	_____	
Interaction with school personnel/students	_____	
Sensitivity in dealing with difficult issues	_____	
Overall effectiveness rating	_____	

Team Member Name: _____

Areas of Assessment	Rating	Comments
Thoroughness of observations/interviews	_____	
Interaction with school personnel/students	_____	
Sensitivity in dealing with difficult issues	_____	
Overall effectiveness rating	_____	

Additional Comments: