

Team Chairperson Evaluation

Chairperson Name: _____

School Visited, City, State: _____ Date of Visit: _____

We would very much appreciate your evaluation of the chairperson you worked with on your recent accreditation team visit. Your comments are important to us, and we thank you for this valuable input into the accreditation program. To help strengthen our program, please give your **candid and confidential** rating.

Areas of Assessment	Superior	Strong	Average	Not Effective
1. Communication Skills				
2. Organization				
3. Knowledge of Accreditation Process				
4. Knowledge of Curriculum				
5. Interviewing Skills				
6. Flexibility in Working with Others				
7. Cultural Understanding/Sensitivity				
8. Overall Leadership Ability				
9. Professionalism				

Additional Comments and Areas of Expertise: