

# Team Member Evaluation

School Visited: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

We would very much appreciate your evaluation of the work of each of those who served with you on your accreditation visiting team. Your comments are important to us, and we thank you for this valuable input into the accreditation program. To help strengthen our program, please fill out a form on each member of your team and give your **candid and confidential** rating.

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Team Member Name: \_\_\_\_\_

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. Team Spirit				
7. Cultural Understanding/Sensitivity				
8. Overall Effectiveness				
9. Professionalism				

I recommend this Team Member be considered as a Team Chair for an accreditation visit in our region.

I recommend this Team Member be considered as a Team Chair for an international accreditation visit.

**Additional Comments and Areas of Expertise:**