

FELLOW TEAM MEMBER EVALUATION FORM

INSTITUTION _____ ON-SITE DATES: _____

Please rate the individual on-site team member according to your perceptions of his/her conduct and activities during the accreditation visit. Use the reverse side for specific comments.

THE TEAM MEMBER: _____	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	NOT OBSERVED
1. Was prepared for the visit, and was accurate and objective in reporting data and seeking information related to the standards						
2. Asked questions/ sought data that pertained to the criteria						
3. Sought data that expanded on the self-study document						
4. Identified issues prior to and during the visit that were relevant and based on the self-study and standards						
5. Demonstrated professionalism with the institution's officials and students.						
6. Cooperated with other team members in gathering data for the report.						
7. Was efficient in data gathering (i.e. avoided extensive details)						
8. Cooperated with other team members in writing the report and was interpersonally effective as a team member.						

If given the opportunity would you agree to work with this team member on another CACREP visit? **Yes** ___ **No** ___

THE TEAM CHAIR _____

1. Served appropriately as spokesperson for the team (i.e. accurately represented team members).						
2. Served effectively in coordinating team efforts in providing mutually acceptable assignments and in writing the report.						
3. Was thorough, objective and professional during debriefing meeting prior to the end of visit.						

If given the opportunity, would you agree to work with this team chair on another CACREP visit? **YES** ___ **NO** ___