SITE VISIT EVALUATION FORM
Team Member

Name of Program Visited:
________________________________________________________________

ACEN asks that you take a few minutes to complete this form following the site visit. The information is used to: (1) improve the accreditation process, (2) identify peer evaluators to recruit for Team Chairs, and (3) identify any peer evaluators and Chairs who might require special attention. Your feedback is important to us. Thank you for your cooperation.

___________________________________________________________________________________________

Instructions: From your perspective as a site visit team member, indicate your rating for the following items by inserting a number in the box provided.
Rating scale: 5 = Excellent; 4 = Good; 3 = Satisfactory; 2 = Fair; 1 = Poor; NA = Not Applicable

1. Completeness of the Program Self-Study Report

2. Team Chair’s conduct of the visit

3. Overall preparation of the site visit team

4. Professionalism of the site visit team

5. Collegiality of the site visit team

___________________________________________________________________________________________

Comments:
Please note any members of the site visit team or staff who appear to have been particularly effective. Explain.

Please note any members of the site visit team or staff who appear to have been particularly ineffective. Explain.

Please identify any potential team chairs on the team.

What suggestion do you have to improve the accreditation process, particularly program evaluator training?

Please return the completed form to:
ACEN • 3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326 • Fax: 404-975-5020