

PROGRAM/INSTITUTION EVALUATION OF ACPHA SITE VISIT

Name of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Commission, aware of the solemn responsibility involved in voluntary peer-accreditation, accepts also the obligation to seek appraisals of all aspects of that process from those most intimately involved, including heads of programs that have been evaluated, institutional officers, and visiting team members. Your confidential responses regarding the site visit in which you recently participated will be of significant help to the Commission and its staff. All responses and comments will be held in strict confidence. Your assistance is greatly appreciated. (If necessary, use additional pages.) Completed forms should be returned to acpha@atlanticbb.net , or mailed to ACPHA c/o Dorothy C. Fenwick, Ph.D., P.O. Box 400 Oxford, MD 21654

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| Communication with the team was clear and timely throughout the accreditation process. |  |  |  |  |
| The team demonstrated professional behavior throughout the course of the visit. |  |  |  |  |
| The team demonstrated unbiased behavior when observing and inquiring about the program and accreditation items. |  |  |  |  |
| The team exhibited the ability to objectively assess the strengths and the weaknesses of the program. |  |  |  |  |
| The team was thorough in its review of the program and institutional resources as they pertain to accreditation. |  |  |  |  |
| The team made reasonable suggestions for improving the quality of the program. |  |  |  |  |
| The team members worked congenially and effectively with program personnel. |  |  |  |  |
| The team members worked congenially and effectively with each other. |  |  |  |  |

|  |
| --- |
| Please provide details on any items you marked as “Disagree” or “Strongly Disagree”.  |
| Please share suggestions for improvements to the site visit procedures. |
| We invite you to share any additional comments, suggestions, and/or concerns in this space. |