

VISITING TEAM EVALUATION OF ACPHA SITE VISIT

Name of Person Completing this Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Role: \_\_ Team Chair \_\_ Team Member

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 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** |
| Pre-visit communication with the department was clear and timely. |  |  |  |  |
| Travel, lodging, and reimbursement arrangements were well handled by the institution. |  |  |  |  |
| Evaluation materials were received far enough in advance of the visit to permit careful review. |  |  |  |  |
| The self-study was high in quality. |  |  |  |  |
| All materials requested and appointments sought were made available. |  |  |  |  |
| The department was well-prepared for the visit. |  |  |  |  |
| The institution’s faculty and staff were cooperative with the site team and each other. |  |  |  |  |
| The time allotted for the visit was sufficient to obtain a good understanding of the program's practices and procedures. |  |  |  |  |
| The findings of the team were reviewed by the team prior to the exit interview. |  |  |  |  |

Please rate each team member on the items below.

|  |  |  |  |
| --- | --- | --- | --- |
| Names |  |  |  |
| Following procedures | ExcellentGoodFairUnsatisfactory | ExcellentGoodFairUnsatisfactory | ExcellentGoodFairUnsatisfactory |
| Organization of workload | ExcellentGoodFairUnsatisfactory | ExcellentGoodFairUnsatisfactory | ExcellentGoodFairUnsatisfactory |
| Quality of work | ExcellentGoodFairUnsatisfactory | ExcellentGoodFairUnsatisfactory | ExcellentGoodFairUnsatisfactory |
| Work completed on time | ExcellentGoodFairUnsatisfactory | ExcellentGoodFairUnsatisfactory | ExcellentGoodFairUnsatisfactory |
| Professionalism | ExcellentGoodFairUnsatisfactory | ExcellentGoodFairUnsatisfactory | ExcellentGoodFairUnsatisfactory |
| Recommend member as a future site team chair? | YesNo | YesNo | YesNo |

|  |
| --- |
| Please provide details on any items you marked as “Disagree” or “Strongly Disagree” / “Fair” or “Unsatisfactory”.   |
| 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. |