INSTITUTIONAL APPRAISAL OF THE EVALUATION VISIT

The Commission would appreciate your appraisal of the recent evaluation visit.

Institution ___________________________ Dates of Visit ________________________________

SCALE:  A = Excellent  -  F = Very Poor

1. Was the composition of the team appropriate for the evaluation of your institution?
   A  B  C  D  F

2. Was there good advance organization by the chairperson?
   A  B  C  D  F

3. Was the team prepared for the visit?
   A  B  C  D  F

4. Did the team conduct itself in a professional manner?
   A  B  C  D  F

5. Were the essential individuals and groups consulted?
   A  B  C  D  F

6. Was a time publicized when any person could meet with team representatives?
   A  B  C  D  F

7. Were the important tasks completed?
   A  B  C  D  F

8. Was the exit report clear and useful to the institution?
   A  B  C  D  F

9. Overall, how would you rate the team?

   _____ Excellent   _____ Good   _____ Acceptable   _____ Poor   _____ Very Poor

Comments (Please explain low grades and provide any information which will help us improve the process):

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What change(s) has the accreditation self study and team visit process helped motivate?

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Date: ___________________________ Submitted by: ___________________________