



SITE TEAM CHAIR EVALUATION OF TEAM MEMBERS

Please Complete a Form for Each Team Member (and Observer, if applicable)

Name of Team Member: _____

College Visited: _____

Dates of Visit: _____

Rate team member characteristic and performance using the following values:

5 = Excellent 4 = Good 3 = Satisfactory 2 = Fair 1 = Poor

(If 1 or 2 rating, site team chair must provide an explanation on page 3)

1.	Knowledge of the Self-Study report and materials	5	4	3	2	1
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2.	Knowledge of the CCE <i>Standards</i>	5	4	3	2	1
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3.	Professional knowledge of the assigned area	5	4	3	2	1
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4.	Ability to communicate with team members and DCP personnel	5	4	3	2	1
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5.	Prompt for all scheduled team meetings	5	4	3	2	1
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6.	Demonstrated teamwork	5	4	3	2	1
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7.	Performance as an objective, impartial and fair evaluator - free of personal bias	5	4	3	2	1
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|-------|---|---|---|---|---|---|
| 8. | Interaction with DCP personnel | 5 | 4 | 3 | 2 | 1 |
| <hr/> | | | | | | |
| 9. | Demonstrated effective time management skills | 5 | 4 | 3 | 2 | 1 |
| <hr/> | | | | | | |
| 10. | Contribution to evaluation of assigned area and to team evaluation of DCP | 5 | 4 | 3 | 2 | 1 |
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| 11. | Demonstrated effective organizational skills | 5 | 4 | 3 | 2 | 1 |
| <hr/> | | | | | | |
| 12. | Demonstrated effective report writing | 5 | 4 | 3 | 2 | 1 |
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| 13. | Submitted all reporting requirements on schedule | 5 | 4 | 3 | 2 | 1 |
| <hr/> | | | | | | |
| 14. | Acted, at all times, with professional demeanor | 5 | 4 | 3 | 2 | 1 |
| <hr/> | | | | | | |
| 15. | Overall performance as a team member | 5 | 4 | 3 | 2 | 1 |
| <hr/> | | | | | | |

Additional Comments:



Name of Team Member: _____

Item # Comments

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Final recommendation of this team member is:

- _____ **NOT** recommended for further service (Comments required above)
- _____ Recommended for further service as team member
- _____ Recommended for further service as site team chair

Site Team Chair _____ Date _____

Please return the completed form **AS SOON AS POSSIBLE** to:

S. Ray Bennett, Director of Accreditation Services
 Council on Chiropractic Education
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 Scottsdale, Arizona 85258-4321
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