



SITE TEAM CHAIR EVALUATION OF CCE ADMINISTRATIVE OFFICE REPRESENTATIVE

Name of CCE Administrative Office Representative: _____

College Visited: _____

Dates of Visit: _____

Evaluation of CCE Administrative Office Representative

Rate using the following values:

5 = Excellent 4 = Good 3 = Satisfactory 2 = Fair 1 = Poor
(If 1 or 2 rating, please provide an explanation below)

1.	Provided appropriate administrative support prior to the Site Visit	5	4	3	2	1
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2.	Provided appropriate administrative support during the Site Visit	5	4	3	2	1
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3.	Provided appropriate administrative support post Site Visit	5	4	3	2	1
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Additional Comments:

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
8049 North 85th Way
Scottsdale, Arizona 85258-4321
Tel: 480-443-8877 ~ Toll: 888-443-3506
Email: bennett@cce-usa.org
Fax (480) 483-7333