



## TEAM MEMBER EVALUATION OF SITE TEAM CHAIR & EXECUTIVE OFFICE

Site Team Chair: \_\_\_\_\_

CCE Executive Office representative: \_\_\_\_\_

College Visited: \_\_\_\_\_

Dates of Visit: \_\_\_\_\_

Rate characteristic and performance of Site Team Chair/CCE using the following values:

**5 = Excellent      4 = Good      3 = Satisfactory      2 = Fair      1 = Poor**  
**(If 1 or 2 rating, team member must provide an explanation  
in the comments section on the following page)**

**Site Team Chair:**

1.	Communication with team prior to and during visit	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
2.	Knowledge of the CCE <i>Standards</i> and processes	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
3.	Reviewed submitted Self-Study report/assessment with team prior to and/or during site visit	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
4.	Effectively led and assisted site team members in preparation for and during site visit	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
5.	Avoided making editing judgments on the qualitative report statements made by team members	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
6.	Planned and conducted team meetings assuring that all areas of the requirements were assessed and discussed by the team as necessary	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
7.	Assigned areas for evaluation consistent with team members' area (category) of expertise	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
8.	Effective interaction with CEO and DCP personnel	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
9.	Demonstrated effective time management skills	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
10.	Demonstrated effective organizational skills	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
11.	Acted, at all times, with professional demeanor	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
12.	Overall management of the site team	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>



**CCE Executive Office representative:**

- |     |  |   |   |   |   |   |
|-----|--|---|---|---|---|---|
| 13. | Effectively planned the schedule of visit activities and appointments/interviews with DCP personnel          | 5 | 4 | 3 | 2 | 1 |
| 14. | Planned appropriate lodging, meals and transportation  | 5 | 4 | 3 | 2 | 1 |
| 15. | Planned appropriate and secure team work room with materials/computer/logistical support for team            | 5 | 4 | 3 | 2 | 1 |
| 16. | Provided appropriate administrative support with report writing requirements during and after the site visit | 5 | 4 | 3 | 2 | 1 |
| 17. | Provided appropriate information prior to, during and following the site visit                               | 5 | 4 | 3 | 2 | 1 |

COMMENTS, IF **FAIR (2)** OR **POOR (1)** RATING (from previous page and above, Items 1-17):

**Item # Comments**

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**Additional Comments (if necessary):**

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Site Team Member

Date

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

S. Ray Bennett, Director of Accreditation Services  
 Council on Chiropractic Education  
 8049 North 85<sup>th</sup> Way  
 Scottsdale, Arizona 85258-4321

**Fax (480) 483-7333**