



The Association of Technology, Management, and Applied Engineering

Visiting Team Member Evaluation Form

To be completed by the visiting team chair.

Team Member Name: _____
 Institution Visited: _____
 Dates of Visit: _____
 Person Completing Form: _____

Please place an X under the number that most closely reflects your perception of this member of the visiting team. (This evaluation is confidential and will not be shared with the team member)

	Excellent		Average		Poor
	5	4	3	2	1
A. Advanced Preparation for the Visit.	—	—	—	—	—
B. Thoroughness in carrying out assignments.	—	—	—	—	—
C. Professional Demeanor in conducting on-site visit.	—	—	—	—	—
D. Familiarity with ATMAE accreditation standards	—	—	—	—	—
E. Contributions to team report	—	—	—	—	—
F. Promptness in reviewing and responding to written report. . .	—	—	—	—	—
G. Overall satisfaction of performance.	—	—	—	—	—
H. Potential for Team Chair status	—	—	—	—	—

Additional Comments: