



# The Association of Technology, Management, and Applied Engineering

## Visiting Team Chair Evaluation Form

To be completed by the Institution Contact Person.

Team Chair Name: \_\_\_\_\_

Institution Visited: \_\_\_\_\_

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

Person Completing Form (Name & Title): \_\_\_\_\_

*Please circle the number that most closely reflects your perception of the performance of this chair of the visiting team. (This evaluation is confidential and will not be shared with the Team Chair.)*

	Excellent	Average	Poor		
A. Advance preparation for visit, including communication with Institution Contact Person	5	4	3	2	1
B. Organization for visit, including assignment of responsibility to team members	5	4	3	2	1
C. Thoroughness in reviewing institutional self-study before the visit	5	4	3	2	1
D. Thoroughness in scheduling and conducting tours of facilities, and personnel interviews, before and during the visit	5	4	3	2	1
E. Compliance with ATMAE procedures as stated in section 7 of the Accreditation Handbook	5	4	3	2	1
F. Professional demeanor in conducting on-site visit	5	4	3	2	1
G. Focus of visit on validation of ATMAE standards	5	4	3	2	1
H. Organization and delivery of verbal exit report	5	4	3	2	1
I. Promptness in submitting written draft, and final report to Institution	5	4	3	2	1
J. Overall satisfaction with performance of Team Chair	5	4	3	2	1

Additional Comments: