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**VISITING TEAM MEMBER QUESTIONNAIRE**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name with Title (Mr. Ms. Mrs. Dr. Br. Sr. Rabbi Msgr., etc): | | | | | | | |
| Position/Job Title: | | | | | | | |
| School or Organization: | | | | | | | |
| Location from which you will be participating in Virtual Visit: *(please note if out of EST the location time zone)* | | | | | | | |
| **Please note by bolding which is your preferred email and phone number for this visit:** | | | | | | | |
| School Email: | | | | Personal Email: | | | |
| Home Phone Number: | Cell Phone Number: | | | | | School Phone Number: | |
| **Accreditation Experience (Please note with an X in the box all that apply**): | | | | | | | |
| Agency:   |  | | --- | |  |   MSA   |  | | --- | |  |   Other agency:   |  | | --- | |  | | | Position:  Visiting Team Chair   |  | | --- | |  |   Visiting Team Member   |  | | --- | |  |   Assistant Team Chair   |  | | --- | |  |   Internal Coordinator   |  | | --- | |  |   Other Experience   |  | | --- | |  | | | | | | |
| **Assignment Preferences**:  ***Please prioritize your preference in the following areas on which the team will focus in the boxes below. The number 1 would indicate your highest level of interest; the number 12 would indicate your lowest level of interest.*** | | | | | | | |
| Assessment & Evidence of Student Learning   |  | | --- | |  |   Information Resources   |  | | --- | |  |   School Organization and Staff   |  | | --- | |  |   Student Life & Student Activities   |  | | --- | |  | | | | School Improvement Planning   |  | | --- | |  |   Governance and Leadership   |  | | --- | |  |   Educational Program   |  | | --- | |  |   Health and Safety   |  | | --- | |  | | | | | Student Services   |  | | --- | |  |   Facilities   |  | | --- | |  |   Finance   |  | | --- | |  |   Mission   |  | | --- | |  | |
| ***Please note with an X your writing and computer level.***  **How would you describe your writing ability?:**  Excellent   |  | | --- | |  |   Good   |  | | --- | |  |   Fair   |  | | --- | |  |   **How would you describe your computer ability?:**  Excellent   |  | | --- | |  |   Good   |  | | --- | |  |   Fair   |  | | --- | |  | | | | | | **Guidelines for Virtual Visit Participation:**  ***Please note with an X if you meet each requirement***.  **Do you have access to the following?:**  Reliable internet connection   |  | | --- | |  |   Laptop with camera and microphone   |  | | --- | |  |   Quiet, private space to participate in online meetings   |  | | --- | |  |   **Please rate from 1-5 (1 "no experience" to 5 "experienced user") your familiarity/comfort level with using:**  Google Drive   |  | | --- | |  |   Zoom   |  | | --- | |  | | | |
| Please write a short paragraph introducing yourself to the other members of your Visiting Team. Include some personal details, information about your experience and current position, and your interest in accreditation. | | | | | | | |