**Middle States Association of Colleges and Schools**

**Commissions on Elementary and Secondary Schools**

Phone: 267-284-5000 | www.msa-cess.org

**VISITING TEAM MEMBER QUESTIONNAIRE**

| Full Name with Title (Mr. Ms. Mrs. Dr. Br. Sr. Rabbi Msgr., etc): | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position/Job Title: | | | | | | | | |
| School or Organization: | | | | | | | | |
| School Address: | | | | | | | | |
| School Phone Number: | | School FAX Number: | | | | School Email | | |
| Home Address: | | | | | | | | |
| Home Phone Number: | Cell Phone Number: | | | | | | Personal Email | |
| Accreditation Experience (Please check all that apply): | | | | | | | | |
| Agency:  ◻ MSA  ◻ Other agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Position:  ◻ Visiting Team Chair ◻ Visiting Team Member ◻ Other experience:  ◻ Assistant Team Chair ◻ Internal Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Assignment Preferences:  Please prioritize your preference in the following areas on which the team will focus. 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 |
| Skills: How would you describe your writing ability:  ◻ Excellent ◻ Good ◻Fair  How would you describe your computer ability:  ◻ Excellent ◻ Good ◻Fair  Are you able to bring a laptop computer with Microsoft Word to the visit: ◻Yes ◻ No | | | | | Special Needs: Please note any special needs you may need during the visit.  ◻ Handicapped Accessibility  ◻ Dietary Need (Type)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ◻ Allergies (Type)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ◻ Other (Passport issues, etc): | | | |
| IMPORTANT: Please write a short paragraph introducing yourself to the visiting team. Include some personal details, information about your experience and current position, and your interest in accreditation. | | | | | | | | |