

APPENDIX P

Confidential Rating Sheet of Visiting Team Leader

(To be completed by each visiting team member and mailed directly to ISACS)

Name of Visiting Team Chair: _____

Name of School Visited: _____

Dates of Visit: _____

I. In order to assist the office in assessing the visiting team leader (chair), as well as to assist each chair in strengthening and improving his or her effectiveness as the leader of a committee, we ask that you complete the following form as honestly and as thoughtfully as possible. When it has been finished, please mail it to ISACS, 1550 North Dearborn Parkway, Chicago, Illinois 60610. Many thanks.

II. Specific areas for rating: (Please use a scale of 1 through 5, assuming that 1 denotes *Poor* and 5 represents *Excellent* with gradations between.)

a) Adequacy of communication before visit: _____

b) Evidence of preliminary planning: _____

c) Evidence of preliminary knowledge of school: _____

d) Organization of visitation schedule and coverage: _____

e) Leadership and guidance of team: _____

f) Perceptiveness in locating and dealing with problems: _____

g) Patience, humor, rapport: _____

h) Ability to direct meetings and assimilate information: _____

i) Ability to write, summarize, articulate findings: _____

j) Any other personal comments you would care to add:

If you would like to sign this, you may do so. It is not necessary, however.

Signature (not mandatory)