

MoSTEP Team Chair Evaluation

Institution Visited: _____ Date of Visit: _____

Name of Team Chair: _____

Instructions: Please evaluate the abilities and effectiveness of the team chairperson in the elements listed below. Rate the performance of the individual by writing the appropriate number in the box beside each of the elements listed. On the scale, five (5) represents “highly effective” and one (1) represents “highly ineffective.”

Activities and Attributes	Rating
1. Previsit communications (e.g., contact prior to the site visit, including assignments and responsibilities)	
2. On-Site Orientation	
3. Leadership Skills (i.e, organizing, delegating responsibilities, problem-solving, assigning tasks, maintaining schedule, assuring team needs are met)	
4. Adherence to MoSTEP Standards and Procedures	
5. Personal Qualities (i.e., professionalism, communication ability, punctuality, fairness, lack of bias, dependability, thoroughness, etc.)	
6. Overall Effectiveness	

Would you recommend this person to serve again as a MoSTEP Team Chairperson?
Yes _____ No _____