



**CHAIRPERSON'S ASSESSMENT OF THE PERFORMANCE OF THE  
VISITING TEAM MEMBER & AABI  
FORM 215**

**C O N F I D E N T I A L**

In accordance with its commitment to full and fair appraisal of aviation education programs, the Visiting Team Chairperson is asked to assess the performance of the Visiting Team Member. This information will be used to improve future site visit procedures, and to provide constructive feedback to Team Members.

Person being assessed \_\_\_\_\_

Institution visited \_\_\_\_\_

Program(s) evaluated \_\_\_\_\_

Dates of visitation \_\_\_\_\_

For each question, place a check mark under the category which, in your opinion, best described the Team Member's performance.

**Poor   Fair   Good   Excellent**

1.     The Team Member came to the visit well prepared and appeared to be familiar with the Self-Study Report.
2.     The Team Member was on time for all meetings and kept to the visitation schedule.
3.     The Team Member was courteous and polite, portraying a professional attitude and a proper image of AABI.
4.     The Team Member evaluated the program based on the goals and objectives established for the program and refrained from publicly comparing the program being evaluated with other programs and avoided offering "how to do it" approaches.
5.     The Team Member completed the assignments made prior to and during the visit.
6.     The Team Member asked questions which brought out information required and noted significant points which contributed to the formulation of the Team Report.

**Poor   Fair   Good   Excellent**

7.     The Team Member cooperated with other members in fulfillment of the Team's responsibilities.
8.     The AABI staff member accompanying the Team contributed to the visit through interaction with the Team, answering questions which arose and participated in the Outbrief.
9.     My overall assessment of the Team Member's performance is:
10.    The AABI office staff provided, in a timely fashion, all required materials to support the visit and preparation of Team Report.

Comments and suggestions for future evaluation visits:

Signed \_\_\_\_\_

Print Last Name \_\_\_\_\_

**Please include this form when you submit the Travel Expense Form to the central office:**

**Aviation Accreditation Board International  
115 S. 8<sup>th</sup> Street, Suite 102  
Opelika, AL 36801  
Phone: (334) 748-9359  
Fax: (334) 748-9360  
Email: victoria@aabi.aero &/or ceci@aabi.aero**