

SCHOOL OWNER SURVEY

Accreditation requires a qualitative evaluation of an institution's educational programs to determine whether it is meeting its stated objectives and is in compliance with the standards promulgated by the Commission.

One of the most important aspects of accreditation is the on-site evaluation by an examining team to verify that the NACCAS Standards are being met. The team is composed of an Academic, a school owner/administrator from a NACCAS accredited school, and a practitioner representative. The role of the team is that of a fact-finding body. The team is to make no recommendations to the school's administration. Accompanying the team is a NACCAS staff representative who acts as the team lead, and a liaison between the NACCAS office, the examining team, and the school. The staff representative ensures that the team maintains consistency in the evaluation process and interpretation of the NACCAS Standard and policies.

In order to improve and expedite the evaluation process, we are asking for your comments and suggestions. The following survey has been designed as a tool to:

1. Expedite and improve the scheduling of an on-site evaluation;
2. Improve the quality of the on-site evaluation; and
3. Provide an opportunity for comments and suggestions from school owners.

Please be assured that this survey will remain strictly confidential. We at the NACCAS office thank you for taking the time to share your comments and concerns with us.

Please mail the survey to:

**Commissioner Bill Church
2971 Silver Lake Blvd.
Silver Lake, OH 44224**

School Owner Survey

Name of School: _____ Ref: # _____

Address: _____ Date of Visit: _____

How many days in advance were you contacted for scheduling the date of the on-site evaluation?

How many days ahead of the visit were you notified of the evaluation team members?

Was the evaluation team's role explained sufficiently by the NACCAS staff representative?

Was the accreditation process explained sufficiently by the NACCAS staff representative?

Was the daily routine of the school unduly interrupted? If yes, please explain.

Were there any unusual circumstances on the day of the visit? (For example, an incomplete evaluation team, the absence of a faculty member, etc.) If yes, please explain.

Please comment on the overall effectiveness of the team of NACCAS examiners.

Please provide below any suggestions you may have to improve and expedite the evaluation process.

Thank you for your assistance in completing this survey.

Prepared By (Optional)

Date

Academic

Name: _____

Please complete by circling the appropriate number:

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
Demonstrated knowledge of the Standards	4	3	2	1	0
Appeared organized and prepared for the evaluation	4	3	2	1	0
Demonstrated a positive attitude toward the accreditation process	4	3	2	1	0
Communicated ideas effectively and in a tactful manner	4	3	2	1	0
Demonstrated a lack of bias and maintained an objective attitude	4	3	2	1	0
Clarified areas of concern and questions	4	3	2	1	0
Represented the Commission in a professional manner	4	3	2	1	0

School Owner or Administrator

Name: _____

Please complete by circling the appropriate number:

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
Demonstrated knowledge of the Standards	4	3	2	1	0
Appeared organized and prepared for the evaluation	4	3	2	1	0
Demonstrated a positive attitude toward the accreditation process	4	3	2	1	0
Communicated ideas effectively and in a tactful manner	4	3	2	1	0
Demonstrated a lack of bias and maintained an objective attitude	4	3	2	1	0
Clarified areas of concern and questions	4	3	2	1	0
Represented the Commission in a professional manner	4	3	2	1	0

Practitioner
Representative

Name: _____

Please complete by circling the appropriate number:

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
Demonstrated knowledge of the Standards	4	3	2	1	0
Appeared organized and prepared for the evaluation	4	3	2	1	0
Demonstrated a positive attitude toward the accreditation process	4	3	2	1	0
Communicated ideas effectively and in a tactful manner	4	3	2	1	0
Demonstrated a lack of bias and maintained an objective attitude	4	3	2	1	0
Clarified areas of concern and questions	4	3	2	1	0
Represented the Commission in a professional manner	4	3	2	1	0

Staff Representative Name: _____

Please complete by circling the appropriate number:

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
Demonstrated knowledge of the Standards	4	3	2	1	0
Appeared organized and prepared for the evaluation	4	3	2	1	0
Demonstrated a positive attitude toward the accreditation process	4	3	2	1	0
Communicated ideas effectively and in a tactful manner	4	3	2	1	0
Demonstrated a lack of bias and maintained an objective attitude	4	3	2	1	0
Clarified areas of concern and questions	4	3	2	1	0
Represented the Commission in a professional manner	4	3	2	1	0