

**ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.
ACCREDITATION PROCESS EVALUATION
(PART 1)**

INSTRUCTIONS: Please fill out this questionnaire as completely and candidly as possible. Blank items will be understood to mean "Not Applicable" or "No Opportunity to Evaluate." Feel free to make comments as necessary. Your feedback will enable the Commission to evaluate the quality of its work. This form will eventually be returned to the Regional Accreditation Committee Chairperson. Thank you for your cooperation and assistance in our efforts to improve the accreditation process. Each question is designed to be answered either "Yes" or "No" or a number from "1" to "5" with the number values ranging from "Not At All" for 1 to "Very" for 5. Please circle your response immediately following each question.

Center/Name _____
Address _____

City _____ State _____ Zip Code _____

Site Visit _____
Date(s) _____

A. PRE-SITE VISIT EVALUATION

(Not At All.Very)

- | | | | | | | |
|----|--|---|---|---|---|---|
| 1. | How knowledgeable was your Center about the accreditation process before it was initiated? | 1 | 2 | 3 | 4 | 5 |
| 2. | If you contacted the ACPE National Office, how helpful was the staff in responding to your concerns? | 1 | 2 | 3 | 4 | 5 |
| 3. | How helpful was the Regional Accreditation Chairperson in responding to your concerns? | 1 | 2 | 3 | 4 | 5 |
| 4. | Did the Region provide sufficient education/information regarding the accreditation process? | 1 | 2 | 3 | 4 | 5 |

What else would you suggest?

- | | | | | | | |
|----|---|---|---|---|---|---|
| 5. | How timely was the Regional Committee in arranging the site team members and the site visit date? | 1 | 2 | 3 | 4 | 5 |
|----|---|---|---|---|---|---|

B. SITE VISIT/TEAM EVALUATION

(Not At AllVery)

6. How knowledgeable was the site team about the content and intent of the Standards? 1 2 3 4 5

7. How effective was the site team in interpreting the accreditation process to the center? 1 2 3 4 5

8. How well organized was the site Team's review of the center? 1 2 3 4 5

9. How capable was the site team in applying the Standards to any unique or unusual circumstances encountered during the accreditation review? 1 2 3 4 5

10. How effectively did the site team communicate with persons in the center throughout the site visit? 1 2 3 4 5

11. How clear was the site team report about the center's compliance with ACPE Standards? 1 2 3 4 5

12. Was an agenda for the site visit established prior to the visit? If "no," what was the problem? _____ Yes _____ No

13. Did the site team have enough time to complete its work? If "no," why not? _____ Yes _____ No

14. Was sufficient consultation given by the site team to the center? _____ Yes _____ No

(Not At AllVery)

15. If adjustments in the visit schedule were required during the course of the survey, how easily and cooperatively did the site team make these changes?

1 2 3 4 5

16. How familiar were the site team members with the relevant material available for this accreditation review?

1 2 3 4 5

Please mail PART I of the evaluation form within 30 days of your site visit to:

Association for Clinical Pastoral Education, Inc.
Attention: Accreditation
1549 Clairmont Road, Suite 103
Decatur, GA 30033