# INTERNATIONAL FACULTY PROGRAM
# IN-REGION EVALUATION FORM

**This form is to be completed by the faculty member who has participated in a regional school, workshop, or other educational event. Please complete and submit to international headquarters immediately following the event. The Regional Leadership Coordinators will use this form to evaluate the region and regional leaders.**

**Person Evaluated:**_____ **Region**_____

**Name of Event:**_____ **Date(s):**_____

**Responsibility:**_____

**Please indicate rating on the grid with the center being satisfactory. Include supporting comments only for ratings below satisfactory. Use back of form for additional comments and/or suggestions.**

| | | | | |
|---|---|---|---|---|
| 1. | **Planning** | **Inadequate** | **Satisfactory** | **Highly Effective** |
| | Comments: | _____ | _____ | |
| 2. | **Pre-event Information** | **Inadequate** | **Satisfactory** | **Highly Effective** |
| | Comments: | _____ | _____ | |
| 3. | **Schedule** | **Inadequate** | **Satisfactory** | **Highly Effective** |
| | Comments: | _____ | _____ | |
| 4. | **Faculty Accommodations** | **Inadequate** | **Satisfactory** | **Highly Effective** |
| | Comments: | _____ | _____ | |
| 5. | **Educational Facility** | **Inadequate** | **Satisfactory** | **Highly Effective** |
| | Comments: | _____ | _____ | |

**Comments on regional team effectiveness, if observed:**_____

_____

_____

**Possible future regional leaders and/or faculty:**_____

_____

**12/96** **Signed:**_____ **Date**_____

**Faculty Member**

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