

**Feedback of the Program on the Performance of the BAETE Outcome Based Accreditation  
Evaluation Team Member**

Please email the completed form to [membersecretary@baetebangladesh.org](mailto:membersecretary@baetebangladesh.org).

Name of the program:

Name of the Institution:

Dates of On-site Visit:

**One form should be filled out for each Team Member by the concerned program head or his/her nominee. The feedback provided here is treated confidentially by BAETE and is not shared with any unauthorized person or with any member of the concerned evaluation team.**

Name of the Evaluation Team member being evaluated:

Designation: \_\_\_\_ Chair , \_\_\_\_ Member

**Please rate the evaluator on a scale of 1 – 5 (5: strongly agree, 1: strongly disagree) on each of the following points. Please justify your rating with brief comment for each point. In a case, where the program does not agree with the statement, an example to the contrary is helpful.**

**Part 1: Accreditation Evaluation**

1. The evaluator was knowledgeable about BAETE accreditation policy, procedure and criteria.

Rating	5	4	3	2	1
Comment					

2. The evaluator was skilled in assessing the appropriateness and attainment of outcomes.

Rating	5	4	3	2	1
Comment					

3. The evaluator was familiar with the contents of the SAR submitted by the program.

Rating	5	4	3	2	1
Comment					

4. The findings of the evaluator were relevant and were supported by evidence.

Rating	5	4	3	2	1
Comment					

5. The evaluation process followed by the evaluator was holistic and did not involve reaching conclusions through cherry picking or bean counting.

Rating	5	4	3	2	1
Comment					

## Part 2: Conduct

6. The evaluator maintained composure and collegiality during the visit.

Rating	5	4	3	2	1
Comment					

7. The evaluator acted formally and maintained decorum during the visit.

Rating	5	4	3	2	1
Comment					

8. The evaluator maintained punctuality on all occasions.

Rating	5	4	3	2	1
Comment					

9. The evaluator did not prescribe to the program to do something in a particular way.

Rating	5	4	3	2	1
Comment					

10. The evaluator did not make any unreasonable demand at any stage.

Rating	5	4	3	2	1
Comment					

**Part 3: Any additional feedback**

Form filled out by –

Name:

Designation

Date: