

**Visiting Committee Chair’s Evaluation**

**of the Institutional Response**

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| **Institution:**  |
| **Date of the Visit:**  |
| **Committee Chair:**  |
| **Vice President:**  | **E-Mail/Telephone:**  |
| **Administrative Assistant:**  | **E-mail/Telephone:** |

**Directions:**

1. Please review the Institutional Response to each of the recommendations and complete the attached form for ***each recommendation***. Your evaluation will assist members of the Committee on Compliance and Reports in making a recommendation concerning action to be taken relative to the institution.

For a response to be accepted with no further report needed, ***compliance must be documented*** by the institution. (For example, an assertion that all faculty members in question meet the Standard must be accompanied by a justification. Otherwise, a further report containing documentation must be submitted.)

1. If you have questions as you complete the form, contact the staff member. If you do not have questions, there is no need to confer with the staff member.
2. Please submit the completed evaluation form by .

I. **Evaluation of Each Recommendation Made by the Visiting Committee**

Recommendation: Requirement/Standard Number:

[ ]  The institution has documented compliance.

[ ]  The institution is in the process of achieving compliance. A further report is necessary.

[ ] The institution asserts compliance but does notinclude sufficient documentation. A further report containing documentation of compliance is necessary.

[ ]  The institution has taken no action regarding compliance. A further report is necessary.

Comments:

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Comments:

**II.** **General Comments by the Chair Regarding the Response**

***Directions:*** *Please include comments concerning the overall response, remaining concerns, special directions to the institution, etc.*