

**ECZAKDER**

**TEAM MEMBERS EVALUATION FORM FOR EACH OTHER**

**(SERIES / ADIZE D-FORM 8)**

*The Association for Evaluation and Accreditation of Pharmacy Education Programs encourages the evaluation team to evaluate each other and provide feedback in order to ensure its continuous improvement. The chairman and all members of the evaluation team (DIRECTORY / ADIZE) must fill in a form for each other. You are expected to indicate your level of participation in the statements in the form with an appropriate number. Thank you for your participation and sincere responses.*

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| Name and Surname / Position of the Person Providing Feedback: |
| Name of the University in which the DİZE / DIESE team, which is the subject of the feedback, is located: |
| Name of the Faculty Evaluated: |
| Name and Surname of DİZE / ADİZE Member; |
| Visit Date (Day / Month / Year): |

*NOTE: 5: I absolutely agree; 4: I agree; 3: I am indecisive; 2: I do not agree; 1: I strongly disagree*

*Questions marked with (\*) should only be evaluated by other members for the chairman.*

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|  | **Review score** |
| The evaluation team member acted impartially and fairly during the visit. |  |
| The evaluation team member preserved his identity as "ECZAKDER Evaluator" during the visit. |  |
| The evaluation team member acted in accordance with the courtesy rules. |  |
| Evaluation team member has sufficient knowledge of the Faculty |  |
| The member of the evaluation team has sufficient knowledge of the Faculty's ÖDR / ÖDAR. |  |
| The evaluation team member prepared the relevant forms before the visit. |  |
| The evaluation team member has the competence of the evaluation process. |  |
| The questions asked by the member of the evaluation team are understandable and aimed at understanding the situation. |  |
| The member of the evaluation team took a positive and constructive attitude during the visit process. |  |
| The evaluation team member worked in harmony with the other members. |  |
| The evaluation team member worked in accordance with the visiting schedule in terms of timing. |  |
| I would like to work with the same evaluation team leader / members in future evaluations. |  |
| \* The head of the evaluation team has carried out an appropriate programming with the Faculty management before and during the visit. |  |
| \* The head of the evaluation team managed the time in accordance with the visit schedule. |  |
| \* The head of the evaluation team encouraged the contributions of all team members. |  |
| \* While opening the meetings, the chairman of the evaluation team shared the explanations of the introduction, explanation of the purpose, approach and time management with the participants. |  |
| \* The head of the evaluation team has demonstrated leadership and directional qualities. |  |
| *Please write any other comments (if any) about the evaluation team members and the chair.* | |