**ECZAKDER**

**Assessment Form for the Members of the Assessment and Monitoring Visit Team (DİZE)**

**(DİZE D-FORM 7)**

**Assessor's Name and Title:** .................................................

**Assessor's Duty/Membership: ……………………………………………………….**

**Assessed DİZE President/Membership Name:** .................................................

Institution .................................................

**Date:** .................................................

*NOTE: 5: I strongly agree; 4: I agree; 3: I am indecisive; 2nd: I disagree; 1: I strongly disagree*

|  |  |
| --- | --- |
|  | **Assessment score** |
| **During the Institution Visit:** |
| He/she acted neutrally against the institution |  |
| He/she acted within the rules of courtesy |  |
| His/her behavior was positive and constructive |  |
| His/her questions were geared towards making the subject easier to understand. |  |
| He/she used time well |  |
| **About the Institution:** |
| He/she had enough information |  |
| *Please write any other comments you want to express, thank you ...* |