

**ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.**  
**ACCREDITATION PROCESS EVALUATION**  
**(PART 2)**

INSTRUCTIONS: Please fill out this questionnaire as completely and candidly as possible. Blank items will be understood to mean "Not Applicable" or "No Opportunity to Evaluate." Feel free to make comments as necessary. Your feedback will enable the Commission to evaluate the quality of its work. This form will eventually be returned to the Regional Accreditation Committee Chairperson. Thank you for your cooperation and assistance in our efforts to improve the accreditation process. Each question is designed to be answered either "Yes" or "No" or a number from "1" to "5" with the number values ranging from "Not At All" for 1 to "Very" for 5. Please circle your response immediately following each question.

Center/Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Site Visit \_\_\_\_\_  
 Date(s) \_\_\_\_\_

**C. POST-SITE VISIT EVALUATION**

- |     |   |                            |   |   |   |   |   |
|-----|---|----------------------------|---|---|---|---|---|
| 17. | How prompt was the Region in providing copies of important reports and committee action?                | (Not At All. . . . . Very) | 1 | 2 | 3 | 4 | 5 |
| 18. | How clear and accurate were reports of Regional committee action?                                       |                            | 1 | 2 | 3 | 4 | 5 |
| 19. | How prompt was the ACPE National Office in providing copies of important reports and commission action? |                            | 1 | 2 | 3 | 4 | 5 |
| 20. | How clear and accurate were reports of the National Accreditation Commission action?                    |                            | 1 | 2 | 3 | 4 | 5 |

**D. EVALUATION FOLLOW-UP**

21. Which aspects of the accreditation review (to date) were the most beneficial? Please feel free to refer to the site team members by name.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
22. Which aspects of the accreditation review (to date) were the least beneficial? Please feel free to refer to the site team members by name.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

23. What changes have been implemented, if any, as a result of the site team's recommendations?

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24. Describe the outcome of the above implementations.

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Use this attachment as a continuation if you wish to comment on any item in the questionnaire, to elaborate on any problem area of the survey, or to mention any aspect that especially pleased you. Thank you for your assistance and cooperation. Your response will be shared with the Commission and with your Regional Accreditation Committee Chairperson.

When you have received the site team's response to the Center's response to the site team report, please mail PART II of the evaluation form to:

Association for Clinical Pastoral Education, Inc.  
Attention: Accreditation  
1549 Clairmont Road, Suite 103  
Decatur, GA 30033