



**Middle States Association of Colleges and Schools
Commissions on Elementary and Secondary Schools**

St. Leonard's Court | 3819-33 Chestnut Street, Suite 310 | Philadelphia, PA 19104-3171
Telephone: 267.284.5000 | accreditation@msa-cess.org | www.msa-cess.org

VISITING TEAM MEMBER QUESTIONNAIRE

Full Name with Title (Mr. Ms. Mrs. Miss Dr. Br. Sr. Rabbi, Msgr., etc):																										
Position/Job Title:																										
School or Organization:																										
School Address:																										
School Phone Number:	School FAX Number:	School Email																								
Home Address:																										
Home Phone Number:	Cell Phone Number:	Personal Email																								
Accreditation experience (Please check all that apply): <table style="width:100%; border:none;"> <tr> <td style="width:33%; border:none;"> Agency: <input type="checkbox"/> MSA <input type="checkbox"/> OTHER: _____ </td> <td style="width:33%; border:none;"> Position: <input type="checkbox"/> Visiting Team Chair <input type="checkbox"/> Assistant Team Chair </td> <td style="width:33%; border:none;"> <input type="checkbox"/> Visiting Team Member <input type="checkbox"/> Internal Coordinator <input type="checkbox"/> Other experience: _____ </td> </tr> </table>			Agency: <input type="checkbox"/> MSA <input type="checkbox"/> OTHER: _____	Position: <input type="checkbox"/> Visiting Team Chair <input type="checkbox"/> Assistant Team Chair	<input type="checkbox"/> Visiting Team Member <input type="checkbox"/> Internal Coordinator <input type="checkbox"/> Other experience: _____																					
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Assignment Preferences: Please prioritize your preference in the following areas on which the team will focus. The number 1 would indicate your highest level of interest; the number 12 would indicate your lowest level of interest																										
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Skills: How would you describe your writing ability: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair How would you describe your computer ability?		Special Needs: Please note any special needs you may need during the visit. <input type="checkbox"/> Non- smoking room <input type="checkbox"/> Handicapped Accessibility																								

Excellent Good Fair

Are you able to bring a laptop to the visit: Yes No

Dietary Need(Type)_____

Allergies (Type)_____

Other (Passport issues, etc.):_____

IMPORTANT: Please write a short paragraph introducing yourself to the visiting team. Include some personal details, information about your experience and current position, and your interest in accreditation.