



**Turkish Psychological Counseling and Guidance Association
Psychological Counseling Guidance Training
Program Evaluation and Accreditation Unit
(PDR-EPDAB)**

Evaluation of Evaluation Team Members

**Turkish Psychological Counseling and Guidance Association
Psychological Counseling and Guidance Training Programs
Evaluation and Accreditation Unit
PDR-EPDAB**

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Evaluation of Evaluation Team Members

It is very important for the healthy functioning and improvement of the evaluation process that the performance and impartiality of the evaluation team members who take part in the evaluation process of counselor education programs by the PCR-EPDAB and their behaviors in their personal relationships with other team members and the officials of the institution in the evaluation process are evaluated by all parties they are in contact with in the evaluation process. The principles to be followed for this purpose are given below.

1. The evaluation of the evaluation team members (DD) is a multilateral evaluation. The tasks undertaken by the people to be evaluated are as follows:
 - a. Head of the evaluation team,
 - b. Co-chair of the evaluation team,
 - c. Program evaluators,
 - d. Program co-evaluators.
2. The following forms are used for the assessment of these assessors: .
 - a. Evaluation of **each program evaluator and co-evaluator** by the other program evaluator members of the evaluation team (form PDR-EPDAB-D1).
 - b. Evaluation of **each program evaluator and coevaluator** by the evaluation team chair and co-chair (PCR-EPDAB-D1 form).
 - c. **Evaluation of the evaluation team chair and co-chair** by the program evaluators and coevaluators (PCR-EPDAB-D2 form).
 - d. **Evaluation of the evaluation team chair** by the team co-chair and of **the team co-chair** by the team chair (PCR-EPDAB-D2 form).
 - e. Evaluation of **each program evaluator and co-evaluator** by the head of the program (Head of Department) whose evaluation has been conducted (PCR-EPDAB-D3 form).
 - f. **Evaluation of the chair and co-chair of the evaluation team** by the head (Dean) of the institution where the evaluation was conducted (PCR-EPDAB-D3 form).
3. After the D3 form is answered online by the relevant persons, it is sent to the relevant email of the PCR-EPDAB office within the week following the institutional visit.
4. Within a week after the draft evaluation report is forwarded to the Accreditation Supreme Council (ASC) by the head of the evaluation team, the D1 and D2 forms are sent to the relevant email of the PCR-EPDAB office after being answered online by the relevant persons.
5. After all DD forms are evaluated by the AÜK and statistical results are obtained, each evaluation team member is notified of the average of the evaluations related to him/her and the overall average of the results for that year in accordance with the principle of "confidentiality".
6. Program evaluators who continue to receive evaluations much lower than the overall average can be removed from the evaluator pool by decision of the AÜK.

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Program Evaluator

Evaluation Form

Form D1

This form is answered by the members of the evaluation team (chair/evaluator) to assess the program evaluators and co-evaluators in the evaluation team. A separate form is required for each evaluator. The items in the form are answered according to the following rating statements.

4: Strongly Agree
 3: Partially Agree
 2: Strongly Disagree
 1: Strongly Disagree
 FY: No Opinion

Name and Surname of the Evaluating Team Member: _____

Mission:

- ☐ Team President
- ☐ Team Co-Chair
- ☐ Evaluator
- ☐ Peer Reviewer

Name of the Evaluated Program Evaluator: _____

Evaluated Program/Faculty/University: _____

Institution Visit Date: _____

A) **Pre-Visit Activities** (This section is to be answered only by the team leader, co-leader and other evaluator of the respective program)

Timely and effective communication prior to the institutional visit.	4	3	2	1	FY
Prior to his visit to the institution, he communicated with the institution within the framework of courtesy rules.	4	3	2	1	FY
Obtained missing information about the institution and the evaluated program in a timely manner.	4	3	2	1	FY
The organization was flexible and positive in setting a date for the visit.	4	3	2	1	FY
The attitude of the institution before the visit was generally positive and constructive.	4	3	2	1	FY
Submitted the preliminary review reports on the evaluated Program in a timely manner.	4	3	2	1	FY

B) **Work During the Visit** (This section will be answered by all team members)

During his visit to the institution, he acted impartially towards the institution.	4	3	2	1	FY
During his visit to the institution, he acted with courtesy.	4	3	2	1	FY
She had sufficient knowledge about the institution.	4	3	2	1	FY
Their attitude was generally positive and constructive.	4	3	2	1	FY
Worked in harmony with other members of the evaluation team.	4	3	2	1	FY
His questions were aimed at making the subject more understandable.	4	3	2	1	FY
Conducted the evaluation program on schedule.	4	3	2	1	FY

C) **Post-Visit Activities and Other Comments** (This section is to be answered only by the team leader, co-leader and other evaluator of the respective program).

Provided timely comments on objections received from the Agency.	4	3	2	1	FY
Submitted comments on time for the draft program evaluation report.	4	3	2	1	FY
Provided effective communication as an evaluator.	4	3	2	1	FY
I would like to work with the same evaluator in another team.	4	3	2	1	FY

What are your other views on the evaluator?

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This section is to be filled in only by the team leader or co-leader.

As a team leader, I would like to work with the same evaluator in another team.	4	3	2	1	FY
Effective communication was established with the evaluator.	4	3	2	1	FY
His reports arrived on time.	4	3	2	1	FY
His/her reports are appropriate in form.	4	3	2	1	FY
His reports are satisfactory in terms of content.	4	3	2	1	FY

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Team Leader Evaluation

Form Form D2

This form is completed by the program evaluators and co-evaluators in the evaluation team for **the team chair and team co-chair**, by the team co-minister for **the team chair** and by the team chair for the **team co-chair**. The items on the form are answered according to the following rating statements.

4: Strongly Agree
 3: Partially Agree
 2: Strongly Disagree
 1: Strongly Disagree
 FY: No Opinion

Name and Surname of the Evaluator: _____
 Name and Surname of the Head of the Evaluated Team: _____
 Evaluated Program/Faculty/University: _____
 Institution Visit Date: _____

A) Pre-Visit Studies

Timely and effective communication prior to the institutional visit.	4	3	2	1	FY
Ensured timely submission of self-assessment and other relevant reports.	4	3	2	1	FY
The organization took the opinion of all team members in determining the date of the visit.	4	3	2	1	FY
The attitude of the institution before the visit was generally positive and constructive.	4	3	2	1	FY

B) Activities during the Visit

During his visit to the institution, he acted impartially towards the institution.	4	3	2	1	FY
During his visit to the institution, he acted with courtesy.	4	3	2	1	FY
She had sufficient knowledge about the institution.	4	3	2	1	FY
Their attitude was generally positive and constructive.	4	3	2	1	FY
Worked in harmony with other members of the evaluation team.	4	3	2	1	FY
His questions were aimed at making the subject more understandable.	4	3	2	1	FY
Conducted the evaluation program on schedule.	4	3	2	1	FY
He was impartial and consistent in his dealings with	4	3	2	1	FY

evaluators.

As team leader, he used his leadership qualities in a positive and facilitative way. 4 3 2 1 FY

C) Post-Visit Studies and Other Comments

Responded to objections received from the Agency in a timely manner and requested comments. 4 3 2 1 FY

Provided effective guidance and comments for the draft program evaluation report. 4 3 2 1 FY

As team leader, he established effective communication. 4 3 2 1 FY

I would like to work with the same team president in another team. 4 3 2 1 FY

What are your other opinions about the team leader?

**PDR-EPDAB
Evaluation Team Members Evaluation
Form
Form D3**

This form is filled out by the official of the institution being evaluated (dean for the team chair and co-chair, head of the department conducting the program for the program evaluator and coevaluator) to evaluate **the evaluation team members**. The items in the form are answered according to the following rating statements.

- 4: Strongly Agree
- 3: Partially Agree
- 2: Strongly Disagree
- 1: Strongly Disagree
- FY: No Opinion

Name and Surname of the Evaluator:_____

Position: () Head of the department

() Dean

Name and Surname of the Evaluated Team Member:_____

Mission:

() Team President

() Team Co-Chair

() Evaluator

() Peer Reviewer

Evaluated Program/Faculty/University: _____

Institution Visit Date:_____

During his visit to the institution, he acted impartially towards the institution.	4	3	2	1
During his visit to the institution, he acted with courtesy.	4	3	2	1
She had sufficient knowledge about the institution.	4	3	2	1
Their attitude was generally positive and constructive.	4	3	2	1
Worked in harmony with other members of the evaluation team.	4	3	2	1
His questions were aimed at making the subject more understandable.	4	3	2	1
Conducted the evaluation program on schedule.	4	3	2	1
I would like to work with the same evaluator/team leader in the next evaluation.	4	3	2	1

What are your other views on the Evaluator/Team Head?
