

Program Administrator Evaluation Form

Name _____ Program: _____ Term: _____

I: Overall Program Evaluation

1) Please indicate the areas in which this program offers unique strengths.

2) Please indicate the areas that could use improvement.

3) Please indicate in a detailed way any additional assistance required from the university.

II: Emergency Response

Did you have any emergency situations during this year's program? Yes No

Following the scale below, how would you rate the emergency response of the following?

1=Very Poor 2=Poor 3=Neutral 4=Good 5=Excellent 6=N/A

On-site provider

Other (please explain):

Host institution abroad

Home institution

Insurance carrier

III: Additional Program information

1) List any relevant host country information that should be added to the pre-departure and on-site orientation topics.

2) Do you recommend that APSU continue to utilize this international partner institution?

Yes

No

Please indicate reasons for not continuing if you answered No above.

3) Do you recommend that APSU continue to utilize the insurance carrier?

Yes

No

Please indicate reasons for not continuing if you answered No above.

4) Do you recommend that APSU continue to utilize the travel provider(s)?

Yes

No

Please indicate reasons for not continuing if you answered No above.

5) Do you recommend that APSU continue to operate a program in this host country?

Yes

No

Please indicate reasons for not continuing if you answered No above.

IV: Comments
