

**Joint Review Committee on Diagnostic Medical Sonography  
Site Visitor Peer Evaluation**

Program Visited: \_\_\_\_\_ Dates of Visit: \_\_\_\_\_

Site Visitor Evaluated: \_\_\_\_\_

In contributing to our assurance of quality on-site visitations, we ask that you fill out this confidential, Peer Evaluation. Please circle the number which best describes your response to each statement below reflecting on the performance of the site visit team member with whom you were paired.

The numbers correspond to the following values: 1 = Poor 2 = Fair 3 = Satisfactory 4 = Good 5 = Excellent

- |   |           |
|---|-----------|
| 1. Knowledgeable of the Standards & Guidelines, for the specific learning concentration.                  | 1 2 3 4 5 |
| 2. Knowledgeable of the self-study of the program being visited.  | 1 2 3 4 5 |
| 3. Knowledgeable of the JRC-DMS Policies.   | 1 2 3 4 5 |
| 4. Knowledgeable of the CAAHEP Policies.  | 1 2 3 4 5 |
| 5. Maintaining confidentiality.   | 1 2 3 4 5 |
| 6. Avoiding imposing personal values, philosophies, and biases.   | 1 2 3 4 5 |
| 7. Avoiding solicitations and recruitment.  | 1 2 3 4 5 |
| 8. Objectivity in evaluating and reporting data.  | 1 2 3 4 5 |
| 9. Being a positive reflection on the JRC-DMS.  | 1 2 3 4 5 |
| 10. Demonstration of tact and sensitivity.  | 1 2 3 4 5 |
| 11. Working as a team member.   | 1 2 3 4 5 |
| 12. Do you have any additional observations regarding your partner's performance as an on-site Evaluator? |           |

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Would you recommend them as a Future Team Chair. \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you recommend them as a future visitor but not a Chair. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Overall Impression (Circle One)**

0 Should not be used as a visitor in the future  
(Explain) \_\_\_\_\_  
\_\_\_\_\_

1 Requires additional training  
(Explain) \_\_\_\_\_  
\_\_\_\_\_

2 Average as a visitor

3 Above average as a visitor

4 Exceptional as a visitor

Board only comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments to share with your colleague \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Signature of Evaluator

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Date

Please Return to: **JRC-DMS**  
**6021 University Blvd. Suite 500**  
**Ellicott City, MD 21043**