

Program Administrator Evaluation Form

Section 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.

Section II. Emergency Response

Did you have any emergency situations during this year's program?

_____ Yes _____ No

How would you rate the emergency response of the following?

1=Very Poor 2=Poor 3=Neutral 4=Good 5=Excellent

_____ On-site provider

_____ Host institution abroad

_____ Home institution

_____ Insurance carrier

_____ Other (please list)

Section 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 the international partner institution?

_____ Yes _____ No

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

Section IV. Comments