



**Confidential**

# Indiana Law Enforcement Accreditation Commission

## Team Leader's Evaluation of Team Member & Team Member's Evaluation of Team Leader

Assessed Agency	On-site Dates
Assessor's Name	Team Leader / Team Member

Please complete this evaluation, indicating the responsibility during on-site (Member/Leader).

For each item below, please circle the number that best represents the individual's performance during the on-site assessment – using the following scale:

- |                    |                    |                     |
|--------------------|--------------------|---------------------|
| 1 - strongly agree | 2 - agree          | 3 - neutral/average |
| 4 - disagree       | 5 - strongly agree | 0 - not applicable  |

	Strongly Agree	Agree	Neutral / Average	Disagree	Strongly Disagree	Not Applicable
Demonstrated a thorough knowledge and understanding of ILEAC's standards	1	2	3	4	5	0
Demonstrated a thorough knowledge and understanding of the components of ILEAC's accreditation process relating to the on-site assessment	1	2	3	4	5	0
Demonstrated a thorough knowledge and understanding of the operations of a law enforcement agency of the size and functions that were evaluated	1	2	3	4	5	0
Gave evidence of having read and carefully evaluated agency materials prior to arriving at the on-site	1	2	3	4	5	0
Assessor/Team Leader was courteous to all agency personnel	1	2	3	4	5	0
Assessor/Team Leader conducted meetings with agency staff in a respectful and professional manner	1	2	3	4	5	0

	Strongly Agree	Agree	Neutral / Average	Disagree	Strongly Disagree	Not Applicable
If additional information was needed, the Assessor/Team Leader requested it in a timely fashion	1	2	3	4	5	0
Demonstrated a freedom from bias during on-site	1	2	3	4	5	0
Assessor/Team Leader made comments and suggestions that were reasonable, realistic and constructive	1	2	3	4	5	0
Contributed to an open, honest and constructive atmosphere during discussion sessions with agency staff	1	2	3	4	5	0
His/her views were consistent with previous guidance received from ILEAC Staff	1	2	3	4	5	0
Did not require the agency to meet standards that exceeded ILEAC's requirements	1	2	3	4	5	0
Did not require the agency to meet the standards by using policies of his/her own agency	1	2	3	4	5	0
I would recommend that this Assessor/Team Leader be used again for ILEAC on-site assessments	1	2	3	4	5	0

Additional Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date