



**AMERICAN ACADEMY OF FORENSIC SCIENCES**  
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**FEPAC Form 5.12**  
**(Program Post On-Site Visit Survey)**

**Forensic Science Education Programs Accreditation Commission (FEPAC)**

**Program Post On-Site Visit Survey**

The recent on-site evaluation of your forensic science program for FEPAC accreditation has given you first-hand experience in the application of FEPAC's standards, policies, and procedures. Please take a few minutes to complete this survey in order to help FEPAC in its ongoing review of those standards, policies, and procedures.

Your Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Dates of Site Visit: \_\_\_\_\_

1. Were the pre-visit contacts and arrangements timely and was the information FEPAC provided you adequate for you to prepare for the visit?  
\_\_\_\_\_ YES    \_\_\_\_\_ NO    If **NO**, please comment.
2. Was FEPAC's guidance on how to conduct your self-study helpful?  
\_\_\_\_\_ YES    \_\_\_\_\_ NO    If **NO**, please comment.
3. Did the team members perform their responsibilities in an objective and professional manner?  
\_\_\_\_\_ YES    \_\_\_\_\_ NO    If **NO**, please comment.
4. Did the team have enough time to do a thorough job on site to do its work?  
\_\_\_\_\_ YES    \_\_\_\_\_ NO    If **NO**, please comment.

5. Were the team's overall findings, in particular, all areas of concern, brought to your attention of the program during the exit interview?  
\_\_\_\_\_ YES \_\_\_\_\_ NO If **NO**, please comment.
6. Would you be willing to serve on a FEPAC team in the future?  
\_\_\_\_\_ YES \_\_\_\_\_ NO If **NO**, please comment.
7. In your view, are the FEPAC accreditation standards, as a whole, adequate to evaluate program quality and relevant to the educational/training needs of students in forensic science programs?  
\_\_\_\_\_ YES \_\_\_\_\_ NO If **NO**, please comment.
8. Please list any individual FEPAC standards that you think are inadequate to evaluate program quality and provide comments on those inadequacies.
9. In your view, are the FEPAC policies and procedures adequate to conduct an accreditation program?  
\_\_\_\_\_ YES \_\_\_\_\_ NO If **NO**, please provide comments on any policies or procedures that you believe should be changed.

*Please complete the survey within 30 days of the site visit and send by e-mail with attachment to [kwrasse@aafs.org](mailto:kwrasse@aafs.org).*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date