

## **INSTRUCTIONS FOR OBTAINING REQUIRED EVALUATOR REPORTS**

An institution is required to submit a minimum of three (3) Evaluator Reports (w/ resumes or bios) for each program. In lieu of the three Evaluator Reports, Advisory Board minutes will suffice (w/resumes or bios for each board member).

The evaluation reports must be obtained from ONE of the following combinations:

- Three prospective employers (3 total); or
- Two prospective employers and two practitioners not associated with these employers (4 total); or
- Two practitioners and a qualified Board Member (3 total); or
- Two practitioners and a professional board or association (3 total).

Each Evaluator shall be familiar with the work related to the occupational training to be reviewed. This is important to ensure proper evaluation of whether the program meets its proposed occupational objective.

Evaluators shall not be associated with the school in any way and shall attest to such by signing Evaluator Report.

The school should use the evaluators' suggestions/comments to make any necessary or desired changes to a program prior to submittal. Should the school choose not to incorporate the suggestions, a detailed explanation must be attached.

Submit a resume or brief bio for each Evaluator or Committee member utilized for review.

Enclosed is an Evaluator Report. Use this Report when soliciting comments from evaluators (photocopy forms as needed).

Submit the completed Evaluator Report Forms (w/resumes or bios) with the application.

# EVALUATOR REPORT

Name of Institution \_\_\_\_\_

Program Title \_\_\_\_\_

Length (hours and/or credits) \_\_\_\_\_

Type of Delivery (residential, online, or hybrid) \_\_\_\_\_

## I. Program Title

A. Is the title of this program acceptable to the industry? Yes\_\_ No\_\_ Questionable\_\_

## II. Program Objective

A. Is the program objective clearly stated? Yes\_\_ No\_\_ Questionable\_\_

B. Does the time required for completion of the total program seem reasonable in relation to the program objective? Yes\_\_ No\_\_ Questionable\_\_

## III. Curriculum

A. Are the course objectives clearly stated? Yes\_\_ No\_\_ Questionable\_\_

B. Is the content of the courses adequate to meet the stated objectives of the program? Yes\_\_ No\_\_ Questionable\_\_

C. Is the content of each course adequate to meet the stated objective of each course? Yes\_\_ No\_\_ Questionable\_\_

D. Is the sequence of subject matter and related activities suitable for the attainment of the specific objectives? Yes\_\_ No\_\_ Questionable\_\_

E. Are safety precautions required? Yes\_\_ No\_\_ Questionable\_\_  
If yes, do they seem adequate? Yes\_\_ No\_\_ Questionable\_\_

F. Is the equipment and supply list satisfactory for meeting the needs of business or industry? Yes\_\_ No\_\_ Questionable\_\_

G. Is the theory allotted each subject sufficient to support practical or lab activities? Yes\_\_ No\_\_ Questionable\_\_

H. Does the curriculum provide specific and related knowledge necessary for occupational competence at an entry level with minimum supervision? Yes\_\_ No\_\_ Questionable\_\_

I. Are prerequisites or entry requirements adequate to meet program objectives? Yes\_\_ No\_\_ Questionable\_\_

J. Does curriculum provide for adequate skill development through meaningful activities? Yes\_\_ No\_\_ Questionable\_\_

K. What can a student who has completed a program of this nature expect to earn upon entry into this occupational field? \$ \_\_\_\_\_

**IV. Please comment on those items checked with "NO" or "Questionable."**

\_\_\_\_\_  
\_\_\_\_\_

**V. Evaluator Information**

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Position \_\_\_\_\_ No. of Years \_\_\_\_\_

A. Did you receive a copy of the following items for review:

- 1. Program and/or Course Syllabus? Yes\_\_ No\_\_
- 2. Course Schedule? Yes\_\_ No\_\_
- 3. Supply/Equipment List? Yes\_\_ No\_\_

B. What, if any, additional materials were given for review? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VI. Occupational Background** (please submit/attach a resume or bio in addition to a brief description below)

Education \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendation:**    \_\_\_ Approval  
                                  \_\_\_ Non-approval of Program in current form

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The undersigned agrees there exists no personal or business relationship with the school or owner(s) and agrees not to make copies or divulge any of the content of the program or course materials evaluated.

Signature \_\_\_\_\_ Date \_\_\_\_\_