

## EVALUATOR REPORT

Name of School \_\_\_\_\_

Program/Stand Alone Course Title \_\_\_\_\_

Classroom \_\_\_\_\_ Correspondence \_\_\_\_\_ On-line \_\_\_\_\_

**I. Program/Course Title**

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

**II. Program/Course 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 (specific courses)**

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?  
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."**

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(Use a separate page if additional space is needed.)

**V. Evaluator Information**

Name \_\_\_\_\_ Firm \_\_\_\_\_

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

**Phone Number (required)** \_\_\_\_\_

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. Equipment List? Yes\_\_ No\_\_

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

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**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/Stand Alone Course 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