## INSTRUCTIONS FOR COMPLETING COMPLIANCE REVIEW

1. Review the **Program Standards** regarding all requirements and materials for accreditation. Update supporting documentation on each of the standards as necessary. It is required that a school administrator participate in the evaluation process.
2. The compliance review is required of your program at the 2 ½ year anniversary of the programs’ accreditation. It attests to the fact that your program continues to comply with program standards and continues its efforts of continuous program improvement. The ASE Education Foundation will notify the program at the 2-year anniversary of accreditation that compliance review is due. **The completed compliance review is due six months from the notification date and must include minutes from the last two advisory committee meetings. If the program is unable to meet the six-month due date requirement, please contact the ASE Education Foundation as soon as possible.**
3. The Evaluation for the Compliance Review requires a minimum of (4) Advisory Committee members participate in the evaluation process and review the program standards. An individual from the program should be identified to coordinate the review process. This review could be used as one of the two required meetings per year, if documented with meeting minutes and a total of (5) Advisory Members participate.

1. The advisory committee will use the Program Evaluation Form when conducting their review.The standard components may be divided between groups for review.
2. The committee will need to review all 10 standards (11 and 12, if applicable), observe the program's operations, curriculum, facilities and equipment, and hold discussions with staff and administration.
3. When completing the Program Evaluation, responses should be rated on a 1-5 point scale (except for the items which require a percent, number, or a yes/no or N/A response). When rating items, document the location of the information used to justify the score. If an item is rated below a 4, an explanation of the rating and recommended improvement should be provided.
4. After the advisory committee completes the Program Evaluation form, the group should meet to discuss their individual ratings. The scores of each item rated by more than one person should be averaged by adding all scores on each item and dividing by the number of responses. The results must be recorded on the Summary of Evaluation Sheets contained in the Compliance Review form. Complete the remaining pages of the compliance review form. **\*If you are completing this form, you should be on this step\***
5. Send the Compliance Review form and the most recent two advisory meeting minutes to the ASE Education Foundation office. Be sure to keep a copy for your records. These can now be completed online, including the upload of advisory meeting minutes, by logging into your accreditation portal account, or sent to:

ASE Education Foundation

Attn: Compliance Reviews

1503 Edwards Ferry Rd. NE Suite 401

Leesburg, VA 20176

Email: info@ASEeducationfoundation.org

Fax: 703-669-6125

1. The ASE Education Foundation office will review the submitted forms and notify you of the results. The program will be notified of approval or items that will require improvement prior to the accreditation renewal process.

**Visit the ASE Education Foundation’s website at www.**[**ASEeducationfoundation**](http://www.ASEeducationfoundation.org)**.org for more information on Advisory Committee tasks, program evaluation information, and suggested documentation.**

**COLLISION REPAIR & REFINISH COMPLIANCE REVIEW**

**PROGRAM BEING EVALUATED**

|  |
| --- |
|       |

School Name

|  |
| --- |
|       |

Program Name

|  |
| --- |
|       |

Street (physical address of program)

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| --- | --- | --- |
|       |       |       |

City State Zip

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Telephone Fax

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Website

**PROGRAM CONTACT INFORMATION**

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 Administrator Name Title E-mail Address Phone

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 Primary Contact Title E-mail Address Phone

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 Instructor Name Title E-mail Address Phone

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 Accounts Payable Contact Title E-mail Address Phone

**LEVEL OF PROGRAM BEING EVALUATED:**

[ ]  Secondary [ ]  Post-Secondary [ ]  Secondary & Post-Secondary

**ADOPT-A-SCHOOL**

Programs that need to develop more community support should see the Adopt-A-School information - visit [Adopt-A-School Information](https://www.aseeducationfoundation.org/adoptaschool) for details.

**SUMMARY OF EVALUATION BY ADVISORY COMMITTEE**

Average the total score for each Standard from the ratings provided on the ***Compliance Review Evaluation*** forms.

|  |  |
| --- | --- |
|  | **RATING** |
|  |  |
| **STANDARD 1 - PURPOSE**  The collision repair & refinish technician training program should have clearly stated program goals, related to the needs of the students and employers served. |       |
|  |
| **STANDARD 2 – ADMINISTRATIVE SUPPORT**Program administration should ensure that instructional activities support and promote the goals of the program. |       |
|  |
| **STANDARD 3 - LEARNING RESOURCES**Support material, consistent with both program goals and performance objectives, should be available to staff and students. |       |
|  |
| **STANDARD 4 - FUNDING**Funding should be provided to meet the program goals and performance objectives. |       |
|  |
| **STANDARD 5 - STUDENT SERVICES**Systematic counseling services, placement, and follow-up procedures should be used. |       |

|  |  |
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|  |  |
| **STANDARD 6 – ADVISORY COMMITTEE** |  |
| **An officially sanctioned program Advisory Committee must be used to provide input on program goals.** |  |
|  |
| **Does the Advisory Committee, consisting of at least 5 members in attendance (not counting school personnel or educators from other programs) convene a minimum of two working meetings per year?** | **[ ] Yes** **[ ] No** |
|  |
| **Is the Advisory Committee included when conducting an annual evaluation of the facilities to assure safety and adequacy in meeting program goals?** | **[ ] Yes [ ] No** |

|  |  |
| --- | --- |
| **STANDARD 7 – INSTRUCTION**Instruction must be systematic and reflect program goals. A task list and specific performance objectives with criterion referenced measures must be used.  |       |
|  |
| **\*Only provide hours for the areas of accreditation currently being sought.** |
| **ACCREDTATION AREAS** | # ofHours | %HP-I | %HP-G |
| **Damage Analysis/Estimating/Customer Service (Required)** |       |       |       |
|  |  |  |  |
| **Painting & Refinishing** |       |       |       |
|  |  |  |  |
| **Non-Structural Analysis & Damage Repair****(must include Welding, Cutting, & Joining)** |       |       |       |
|  |  |  |  |
| **Structural Analysis & Damage Repair** |       |       |       |
|  |  |  |  |
| **Mechanical & Electrical Components** |       |       |       |

|  |  |
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| **STANDARD 8 – TOOLS & EQUIPMENT** Tools and equipment used in the collision repair & refinish technician training program must be of the type and quality found in the repair industry and must also be the type needed to provide training to meet the program goals and performance objectives. |  |
|  |
| **Are all shields, guards, and other safety devices in place, operable, and used?** | **[ ] Yes** **[ ] No** |
|  |
| **Do all students, instructors, and visitors comply with safety practices and wear safety glasses in the lab/shop area while lab is in session?**  | **[ ] Yes [ ] No** |
|  |
| **Are the tools and equipment available for the tasks being taught for the level of accreditation being requested?** | **[ ] Yes [ ] No** |
|  |
| **STANDARD 9 - FACILITIES** The physical facilities must be adequate to permit achievement of the program goals and performance objectives. |  |
|  |  |

|  |  |
| --- | --- |
| **STANDARD 10 - INSTRUCTIONAL STAFF**  The instructional staff must have technical competency and meet all state and local requirements for certification/credentials. |       |
|  |
| ***Do ALL instructors hold current ASE certification in the collision repair & refinish area(s) they teach?*** |
|  |
| ***B2 – Painting & Refinishing*** | **[ ]  Yes** **[ ]  No** |
| ***B3 – Non-Structural Analysis & Damage Repair*** | **[ ]  Yes [ ]  No** |
| ***B4 – Structural Analysis & Damage Repair*** | **[ ]  Yes [ ]  No** |
| ***B5 – Mechanical & Electrical Components*** | **[ ]  Yes [ ]  No** |
|  |
| **Do all instructors attend a minimum of 20 hours per year of recognized industry update training (or equivalent) relevant to the program?** | **[ ]  Yes [ ]  No** |

|  |
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| **STANDARD 11 – WORK-BASED LEARNING** |
|  |
| Will work-based learning be used to meet the minimum hour requirements for accreditation? If not, skip the rest of standard 11. | [ ]  Yes [ ]  No  |
|  |
| Written policies and procedures should be used for all program-sanctioned work-based learning and apprenticeship activities. (This standard applies only to programs that are using work-based learning or apprenticeship training to meet minimum program hour requirements). | **[ ]  N/A** |

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| **STANDARD 12 – E-LEARNING** |
| Will e-learning be used to meet the minimum hour requirements for accreditation? If not, skip the rest of standard 12. | [ ]  Yes [ ]  No |
|  |
| Written policies and procedures must be followed when e-learning curricular materials are used outside of scheduled classroom/lab/shop time. (This standard only applies to program that are using e-learning to meet program hour requirements. This is a go/no go standard that requires validation of a “yes” response to each of the criterion.) | **[ ]  N/A** |

**2022 COLLISION INSTRUCTOR QUALIFICATION SHEET**

(an instructor qualification sheet must be filled out for each instructor)

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructor**  |       | **ASE ID# (required)** |  |

 (please print or type instructor’s name) (as it appears on their certificate)

**Are you a new instructor with the program? [ ] No [ ] Yes - Hire Date:**

**Please indicate the areas of accreditation being sought:**

[x]  **Damage Analysis/Customer Service/Estimating**

[ ]  **Painting & Refinishing**

[ ]  **Non-Structural Analysis & Damage Repair**

[ ]  **Structural Analysis & Damage Repair**

[ ]  **Mechanical & Electrical Components**

|  |  |  |
| --- | --- | --- |
| **Current ASE Certifications:** | **Expiration Date** | **Required** |
| **B2 Painting & Refinishing** |  | If taught |
| **B3 Non-Structural Analysis & Damage Repair** |  | If taught |
| **B4 Structural Analysis & Damage Repair** |  | If taught |
| **B5 Mechanical & Electrical Components** |  | If taught |

**Programs must indicate areas being taught by this instructor**

Painting & Refinishing [ ]

Non-Structural Analysis & Damage Repair [ ]

Structural Analysis & Damage Repair [ ]

Mechanical & Electrical Components [ ]

**INSTRUCTOR TRAINING FORM**

**ALL instructors** **are required to attend a minimum of 20 hours of recognized automotive industry technical update training each year that is relevant to their program.** Please list all relevant industry update training for the past year below. Note: educational courses to fulfill state teacher licensure requirements, professional improvement and/or in-service activities do not count as industry technical update training. Use a separate form for each 12-month period (calendar year or academic year).

**Hands-on Work Option:** Under specific conditions, automotive instructors may substitute ten (10) hours of documented hands-on work for one (1) hour of update training. See the Hands-on Work Report on the next page for full details and requirements.

|  |  |
| --- | --- |
| Instructor’s Name |  |
| Date of Training | Training Provider/Company  | Course Title | Online or In Person | Hours |
|       |       |       |       |       |
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**HANDS-ON WORK REPORT FORM**

Collision Repair/Refinish instructors may substitute ten (10) hours of documented hands-on work as a technician in a retail or fleet collision repair business outside the school (e.g., part-time work or summer externship) for one (1) hour of update training, up to a maximum of ten (10) hours of update training each year, toward the annual update training requirement. The work must be related to the areas they teach and take place in the same year for which substitute credit is sought.

If you wish to use hands-on work as a partial substitute for update technical training, complete the form below and have it signed by the business owner or manager. Use a separate form for each 12-month period (calendar year or academic year).

|  |  |
| --- | --- |
| Instructor’s Name |  |
| Business Name |  |
| Business Type | [ ]  Dealership [ ]  Independent Repair Shop [ ]  Retail Chain Store[ ]  Fleet Repair Shop [ ]  Other (please specify)  |
| Business Address |  |
| Business Phone No. |  |
| Owner/Manager’s Name |  |
| Owner/Manager’s Title |  |
| Dates worked |  |
| Describe the work performed (must be as a service technician, not parts counter, service writer, etc.) |  |
| Paid or Unpaid | [ ]  Paid [ ]  Unpaid |
| Total hours worked as a service technician |  |
| Hours worked / 10 = training hours substituted | **(maximum of 10 hours of substitute credit)** |
| **I attest that the information provided on this form for this instructor’s hands-on work is true and correct to the best of my knowledge.**  |
| Owner/Manager’s Signature |  |
| Date |  |

**ADVISORY COMMITTEE LIST**

Please list the names of **all** members of the Program Advisory Committee and indicate the category that each represents (a minimum total of five (5) members is required). Instructors and administrators of the program are not eligible to be advisory committee members. Committee members should represent a broad cross-section of the local industry in the area the program serves. Possible categories that advisory committee members might represent are:

 Collision Repair & Refinish Technicians Local Employers

 Former Students Automotive Trainers

 Parents

 **NAME** **CATEGORY REPRESENTED**

|  |  |  |
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 (IF NECESSARY, INCLUDE SEPARATE ATTACHMENT TO INCLUDE FULL COMMITTEE)

**ADVISORY COMMITTEE MEMBERS THAT PARTICIPATED IN REVIEW:**

|  |  |  |
| --- | --- | --- |
| **Type or print name** |  | **Signature** |
|  |  |  |
|  |  |  |
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***By signing below, both the Program Administrator and Program Instructor certify the information provided within this compliance review is true and correct. In addition, the Program Administrator and Program Instructor understand that the program will be required use most current standards available at the time of accreditation renewal.***

|  |  |  |
| --- | --- | --- |
|  |       |       |

 Administrator Signature Printed/Typed Name Date

|  |  |  |
| --- | --- | --- |
|  |       |       |

 Instructor Signature Printed/Typed Name Date

***Note: Programs submitting their compliance review electronically, must agree to the following statement:***

***By submitting this compliance review electronically, I certify the information I have provided is true and correct. By checking the “Yes” box below, I am “signing” this form. Furthermore, by typing in names where signatures are required, I agree that a complete paper copy with signatures (Institution Administrator, Program Instructor, and Advisory Committee Members) is available upon request.***

|  |  |
| --- | --- |
| ***[ ]***  | ***Yes, I agree to the above statement*** |
| ***[ ]***  | ***N/A (submitting signed application through mail)*** |

***Thank you for supporting program accreditation.***