For Office Use Only

Program ID:

**AUTOMOBILE FINAL REPORT FORM - 2022**

**ACCREDITATION** **[ ]  RENEWAL OF ACCREDITATION** **[ ]**

**\*Complete and return separate forms for each program evaluated\***

1. **INSTITUTION:**

|  |
| --- |
|       |

 Name

|  |
| --- |
|       |

 Program

|  |
| --- |
|       |

 Street

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

 City State Zip

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

 Telephone Program Website

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

 Administrator Name Title Email

1. **EDUCATIONAL LEVEL OF PROGRAM BEING EVALUATED:**

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

1. **ACCREDITATION LEVEL EVALUATED:**

**[ ]  Maintenance and Light Repair**

[ ]  A**utomobile Service Technology**

**[ ]  Master Automobile Service Technology**

1. **NAMES OF EVALUATION TEAM MEMBERS:**

|  |  |  |
| --- | --- | --- |
|       |       |       |
| Name | Title | Employer (Dealership) |
|       |       |       |
| Name | Title | Employer (Independent) |
|       |       |       |
| Name | Title | Employer (Dealership or Independent) |
|       |       |       |
| Name | Title | Employer (Alternate) |

1. Provide the average rating of **administrative services** offered by the school *(Standards 1-5 are to be rated during initial accreditation only unless otherwise indicated)*.

**STANDARDS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **Number of evaluators** |       |       |       |       |       |
| **AVERAGE RATING** |       |       |       |       |       |

1. EVALUATION SUMMARY - Complete only for the level of accreditation being evaluated. Average the ratings given by the team members and record in the appropriate box.

 **STANDARDS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ACCREDITATION LEVEL** | **6** | **7** | **8** | **9** | **10** | **11** |
|  |  |  |  |  |  | **If applicable** |
| **Maintenance & Light Repair** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Automobile Service Technology** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Master Automobile Service Technology** |  |  |  |  |  |  |

1. Complete **Instructor Qualification Sheets** for **ALL** instructors (attach additional copies if necessary)
2. Verify documentation of [*industry update training*](http://www.natef.org/instructor_training_faq.cfm) *and/or equivalent* (20 hours required for each instructor).

 1 year update training for Initial Accreditation

 5 years update training for Renewal

       ETL initials

1. Does an Advisory Committee consisting of at least 5 members in attendance (excluding school personnel or educators from other programs) convene a minimum of two working meetings per year? **YES ­­­­­­­­[ ]  NO [ ]**
2. Do Advisory Committee minutes reflect the Advisory Committee’s review of information from an annual evaluation of the facilities? **YES [ ]  NO [ ]**
3. For programs applying under [***Standard 12***](http://www.natef.org/About-NATEF/FAQs/E-Learning.aspx/) please answer the following questions ***(This applies only to programs 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.)***:

|  |  |  |  |
| --- | --- | --- | --- |
| **Is there documentation that students have access to appropriate technology for e-learning purposes?** | **YES [ ]**  | **NO [ ]**  | **N/A [ ]**  |
|  |  |
| **Are the content/tasks that are to be delivered via e-learning clearly highlighted in the course of study?** | **YES [ ]**  | **NO [ ]**  | **N/A [ ]**  |
|  |  |
| **Is there documentation that e-learning is incorporated into the content/tasks in the program plan?** | **YES [ ]**  | **NO [ ]**  | **N/A [ ]**  |
|  |  |
| **Do the instructional hours to be credited toward meeting up to 25 percent of the program specialty hour requirements correlate with the vendor’s average completion time for each instructional module?** | **YES [ ]**  | **NO [ ]**  | **N/A [ ]**  |
|  |  |
| **Is there documentation of the implementation and use of e-learning instructional materials as evidenced in a Learning Management System (LMS)?** | **YES [ ]**  | **NO [ ]**  | **N/A [ ]**  |
|  |  |
| **Are Advisory Committee meeting minutes available to confirm that the committee has discussed and approved e-learning?** | **YES [ ]**  | **NO [ ]**  | **N/A [ ]**  |

1. **For programs seeking re-accreditation, was documentation provided regarding the status of the on-site evaluation team recommendations made at the previous on-site evaluation.**

**[ ] Yes** **[ ] No**

**If No, please explain:**

1. **I recommend accreditation at the following level for the program listed above:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 90% | 75% | 50% |
| **Accreditation Level Recommended:** | P-1 | P-2 | P-3 |
|  |  |  |  |
| [ ]  | Maintenance & Light Repair |     |     |     |
|  |  |  |  |
| [ ]  | Automobile Service Technology |     |     |     |
|  |  |  |  |
| [ ]  | Master Automobile Service Technology |     |     |     |
|  |  |  |  |
|  |  |  |  |

1. **The following team members concur that information contained in this final report represents a consensus of the on-site evaluation team. A copy of the final report (including the signed Summary of Debriefing Meeting form) with participant signatures will be kept in my personal files and a copy will be provided to the ASE Education Foundation.**

|  |
| --- |
|   |
| Team Member   |
| Team Member   |
| Team Member   |
| Team Member |

1. **I have provided the institution a copy of the supplementary sheets and debriefing form.**      ETL initials

**I hereby certify this report to the ASE Education Foundation:**

|  |  |
| --- | --- |
|       |       |
| Evaluation Team Leader (typing name here serves as a ‘signature’) | Date - M/D/YYYY |
|       |       |       |
| Home Phone Number | Work Phone Number | E-mail address |

\* The final report should be emailed to info@ASEeducationfoundation.org within one week of completing the on-site evaluation. A confirmation email will be sent to you within 48 hours of receiving these documents.

**AUTOMOBILE SUPPLEMENTARY SHEETS**

**(Standards 1-5)**

**ACCREDITATION [ ]  RENEWAL OF ACCREDITATION [ ]**

Please average **administrative services** offered by the school.

 **STANDARDS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| **Number of Evaluators** |       |       |       |       |       |
| **AVERAGE** |   |   |   |   |   |

 **Strengths/Recommendations for Improvement (give Standard number)**

Please use the **Employer Questionnaire** forms to rate the graduates from this automobile training program.

**STUDENTS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **A** | **B** | **C** | **D** | **E** | **F** |
| **EMPLOYER AVERAGE** |       |       |       |       |       |       |

**AUTOMOBILE** **SUPPLEMENTARY SHEET**

**(Standards 6-11)**

**\*\*USING THE EVALUATION GUIDE RATING SHEETS EVALUATE THE PROGRAM BASED ON THE LEVEL OF ACCREDITATION APPROVED FOR TEAM REVIEW.** **\*\***

**ACCREDITATION [ ]  RENEWAL OF ACCREDITATION [ ]**

1. Number of program hours in the course of study:

 Minimum hour requirements: **MLR – 540 AST – 840 MAST - 1200**

1. Is this program using Standard 11 (Work-Based Learning) to meet hour requirements?

 YES [ ]  NO [ ]  If so, how many hours?

1. Is this program using Standard 12 (E-Learning) to meet hour requirements?

 YES [ ]  NO [ ]  If so, how many hours?

1. Percentage of: P-1:      **%** P-2:      **%** P-3:      **%**
2. Does the instructor(s) meet the minimum qualifications? Yes [ ]  No [ ]
3. Does the instructor(s) have current **ASE A6** & **G1** certification? Yes [ ]  No [ ]

 ***FOR MLR ACCREDITATION ONLY***

1. Does the instructor(s) have current **ASE A4, A5, A6, & G1** certification?

 YES [ ]  NO [ ]

 ***FOR MAST ACCREDITATION ONLY***

1. Does the **Engine Performance** instructor(s) hold current ASE certification in Advanced Engine Performance - L1?

 YES [ ]  NO [ ]

**AUTOMOBILE** **SUPPLEMENTARY SHEET**

**(Standards 6-11)**

**\*\* USING THE PROGRAM EVALUATION RATING SHEETS FOR STANDARDS**

 **6-10 EVALUATE THE PROGRAM BASED ON THE LEVEL OF ACCREDITATION APPROVED FOR TEAM REVIEW.** **\*\***

**STANDARDS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **6** | **7** | **8** | **9** | **10** | **11** |
|  |  |  |  |  |  | **If applicable** |
| **Number of evaluators** |       |       |       |       |       |       |
| **AVERAGE MLR** |  |  |  |  |  |  |
| **AVERAGE AST** |  |  |  |  |  |  |
| **AVERAGE MAST** |  |  |  |  |  |  |

 **Strengths/Recommendations for Improvements (give Standard number)**

**EMPLOYER QUESTIONNAIRE**

On-Site Team Members should use this form for contacting employers of graduates in the automobile training program under review.

|  |
| --- |
|       |

 Place of Employment

|  |
| --- |
|       |

 Employer Contact

|  |
| --- |
|       |

 Street

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

 City State Zip

|  |
| --- |
|       |

Telephone

Evaluate program graduates on the factors listed below in comparison with ENTRY LEVEL persons of a SIMILAR AGE. Use the following rating scale:

 5 = excellent

 4 = above average

 3 = average

 2 = below average

 1 = poor

|  |  |
| --- | --- |
|  | **Rating** |
|  |  |
| Entry level skills |       |
|  |  |
| Work habits and attitudes |       |
|  |  |
| Attendance and punctuality |       |
|  |  |
| Opportunities for advancement |       |
|  |  |
| **Rating Average** |       |
|  |  |

**PLEASE RETURN THESE EMPLOYER QUESTIONNAIRE FORMS WITH THE FINAL REPORT.**

**EMPLOYER QUESTIONNAIRE**

On-Site Team Members should use this form for contacting employers of graduates in the automobile training program under review.

|  |
| --- |
|       |

 Place of Employment

|  |
| --- |
|       |

 Employer Contact

|  |
| --- |
|       |

 Street

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

 City State Zip

|  |
| --- |
|       |

Telephone

Evaluate program graduates on the factors listed below in comparison with ENTRY LEVEL persons of a SIMILAR AGE. Use the following rating scale:

 5 = excellent

 4 = above average

 3 = average

 2 = below average

 1 = poor

|  |  |
| --- | --- |
|  | **Rating** |
|  |  |
| Entry level skills |       |
|  |  |
| Work habits and attitudes |       |
|  |  |
| Attendance and punctuality |       |
|  |  |
| Opportunities for advancement |       |
|  |  |
| **Rating Average** |       |
|  |  |

**EMPLOYER QUESTIONNAIRE**

On-Site Team Members should use this form for contacting employers of graduates in the automobile training program under review.

|  |
| --- |
|       |

 Place of Employment

|  |
| --- |
|       |

 Employer Contact

|  |
| --- |
|       |

 Street

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

 City State Zip

|  |
| --- |
|       |

Telephone

Evaluate program graduates on the factors listed below in comparison with ENTRY LEVEL persons of a SIMILAR AGE. Use the following rating scale:

 5 = excellent

 4 = above average

 3 = average

 2 = below average

 1 = poor

|  |  |
| --- | --- |
|  | **Rating** |
|  |  |
| Entry level skills |       |
|  |  |
| Work habits and attitudes |       |
|  |  |
| Attendance and punctuality |       |
|  |  |
| Opportunities for advancement |       |
|  |  |
| **Rating Average** |       |
|  |  |

**2022 AUTOMOBILE 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 level of accreditation being sought:**

**Maintenance & Light Repair** [ ]  **Automobile Service Technology** [ ]  **Master Automobile Service Technology** [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current ASE Certifications:** | **Expiration Date** | **MLR** | **AST** | **MAST** |
| **A1 Engine Repair** |  |  | If taught | If taught |
| **A2 Automatic Transmission/Transaxle** |  |  | If taught | If taught |
| **A3 Manual Drive Train & Axles** |  |  | If taught | If taught |
| **A4 Suspension & Steering** |  | **Required** | If taught | If taught |
| **A5 Brakes** |  | **Required** | If taught | If taught |
| **A6 Electrical/Electronic Systems** |  | **Required** | **Required** | **Required** |
| **A7 Heating & Air Conditioning** |  |  | If taught | If taught |
| **A8 Engine Performance** |  |  | If taught | If taught |
| **G1 Auto Maintenance & Light Repair** |  | **Required** | **Required** | **Required** |
| **L1 Advanced Engine Performance** |  |  |  | If taught\* |
| **L3 Light Duty Hybrid/Electric Vehicles** |  |  |  | Recommended\*\* |

**AST & MAST programs must indicate areas being taught by this instructor**

Engine Repair [ ]

Automatic Transmission/Transaxle [ ]

Manual Drive Train & Axles [ ]

Suspension & Steering [ ]

Brakes [ ]

Electrical/Electronic Systems [ ]

Heating and Air Conditioning [ ]

Engine Performance [ ]

Hybrid/Electric Vehicle Diagnosis & Repair [ ]

*\*ASE certification in A8 & L1 is required for MAST program instructors teaching Engine Performance*

*\*\*ASE certification in L3 is recommended for MAST program instructors teaching Hybrid/Electric Vehicle Diagnosis & Repair*

**ON-SITE EVALUATION TEAM MEMBER LIST**

**Automobile Accreditation**

**NOTE:** There must be one evaluation team member from a dealership, one evaluation team member from an independent repair facility, and one from either a dealership, independent repair facility, or current advisory member. A maximum of one current advisory committee member that has not participated in the program self-evaluation may be selected. A fourth alternate team member (dealership or independent repair facility) must be identified for an initial accreditation. Manufacturer specific programs may use only team members from the respective manufacturer dealerships. See the "Qualifications of On-site Evaluation Teams Members" section for selection criteria.

**Team members for the on-site visit must not be former instructors or graduates of the program within the past three years. Relatives of the administrator or instructor may not serve as a team member.**

1. **TEAM MEMBER FROM DEALERSHIP:**

|  |
| --- |
|   |
| Name |
|   |
| Position (Title) |
|   |
| Company Name |
|       |
| Company Address |
|       |
| Phone Number |

 Years of hands-on automobile experience:

 High school graduate or equivalent: [ ] YES [ ] NO

 ASE Automobile Certifications (recommended):

|  |
| --- |
|       |

1. **TEAM MEMBER FROM INDEPENDENT REPAIR FACILITY:**

|  |
| --- |
|   |
| Name |
|   |
| Position (Title) |
|   |
| Company Name |
|       |
| Company Address |
|       |
| Phone Number |

 Years of hands-on automobile experience:

 High school graduate or equivalent: [ ] YES [ ] NO

 ASE Automobile Certifications (recommended):

|  |
| --- |
|       |

1. **TEAM MEMBER FROM DEALERSHIP, INDEPENDENT REPAIR FACILITY, OR ADVISORY COMMITTEE MEMBER:**

|  |
| --- |
|   |
| Name |
|   |
| Position (Title) |
|   |
| Company Name |
|       |
| Company Address |
|       |
| Phone Number |

 **Advisory Committee Member:** [ ] YES [ ] NO

 Years of hands-on automobile experience:

 High school graduate or equivalent: [ ] YES [ ] NO

 ASE Automobile Certifications (recommended):

|  |
| --- |
|       |

1. **ALTERNATE TEAM MEMBER – Initial Accreditation Only**

 **(DEALERSHIP OR INDEPENDENT REPAIR FACILITY):**

|  |
| --- |
|   |
| Name |
|   |
| Position (Title) |
|   |
| Company Name |
|       |
| Company Address |
|       |
| Phone Number |

 Years of hands-on automobile experience:

 High school graduate or equivalent: [ ] YES [ ] NO

 ASE Automobile Certifications (recommended):

|  |
| --- |
|       |

**INTEGRATED ACADEMIC SKILLS RECOGNITION (OPTIONAL)**

*Note: For more information, refer to the Integrated Academic Skills Recognition* *page in the Policies Section.*

|  |
| --- |
|       |

 Program Name

 Automobile Instructor(s) to be recognized:

|  |
| --- |
|       |
|       |

 Academic areas and instructors to be recognized:

|  |  |  |
| --- | --- | --- |
| English Approved [ ] Yes [ ] No | Instructor Name |       |
| Mathematics Approved [ ] Yes [ ] No | Instructor Name |       |
| Science Approved [ ] Yes [ ] No | Instructor Name |       |

Please answer questions 1-6.

1. Is there coordination between the automobile and the academic department(s) for planning, developing, and teaching integrated academic skills to automotive technician students?

[ ] Yes [ ] No

1. How often do the automotive and academic instructors meet to plan and coordinate classroom activities?

1. Do automotive and academic instructor teams teach automotive students as outlined in the program application?

 [ ] Yes [ ] No

1. Are automotive and academic instructors actively involved with automotive student organizations, activities, or competitions as outlined in the program application?

 [ ] Yes [ ] No

1. Are students given academic credit for their technical classes?

 [ ] Yes [ ] No

1. If applicable, did the program use the *Integrated Academic Skills* manual for Automobile Technicians to integrate academic and technical skills student activities?

 [ ] Yes [ ] No [ ] N/A

**SUMMARY OF DEBRIEFING MEETING FORM**

***The Summary of Debriefing Meeting Form must be completed and signed concluding the on-site evaluation.***

***A signed copy must be left with the institution and provided to the ASE Education Foundation.***

|  |  |
| --- | --- |
| **Institution Name**:  |  |

|  |  |
| --- | --- |
|  |  |
| **Date and time of meeting**:  |  |

Please outline details of the meeting. Include information on program strengths and standards that need improvement.

**Program strengths:**

3,000 character limit

**SUMMARY OF DEBRIEFING MEETING FORM (cont.)**

**Standards that need improvement (provide standard number - example 7.1A):**

3,000 character limit

**SUMMARY OF DEBRIEFING MEETING FORM (cont.)**

**The following recommendations must be addressed and documented at the next on-site evaluation. (The disposition of recommendations listed here will be addressed at the next on-site evaluation as part of the continuous improvement process.)**

2,500 character limit

**Signatures below verify the program’s strengths and weaknesses were verbally shared with the program administrator and program instructor concluding the on-site visit, and that a copy of this form has been provided to the institution for their records.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  |       |       |
|  | Program Administrator Signature | Typed or Printed Name | Date (m/d/yyyy) |
| 2. |  |       |       |
|  | Program Instructor Signature | Typed or Printed Name | Date (m/d/yyyy) |
| 3. |  |       |       |
|  | Team Member Signature | Typed or Printed Name | Date (m/d/yyyy) |
| 4. |  |       |       |
|  | Team Member Signature | Typed or Printed Name | Date m/d/yyyy) |
| 5. |  |       |       |
|  | Team Member Signature | Typed or Printed Name | Date (m/d/yyyy) |
| 6. |  |       |       |
|  | Team Member Signature | Typed or Printed Name | Date (m/d/yyyy) |
| 7. |  |       |       |
|  | ETL Signature | Typed or Printed Name | Date (m/d/yyyy) |