For Office Use Only

Program ID:

**COLLISION REPAIR & REFINISH FINAL REPORT FORM - 2022**

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

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

1. **INSTITUTION:**

|  |
| --- |
|       |

School 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 AREAS EVALUATED:**

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

 **(Required for all accredited programs)**

**[ ]  Painting & Refinishing**

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

**(75 additional hours required for Welding, Cutting & Joining)**

 **[ ]  Structural Analysis & Damage Repair**

**(Accreditation in Non-Structural Analysis & Damage Repair is also required)**

**[ ]  Mechanical and Electrical Components**

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

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

1. Please 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 those areas evaluated. Average the ratings given by the team members and record in the appropriate box.

 **STANDARDS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ACCREDITATION AREAS** | **6** | **7** | **8** | **9** | **10** | **11****(if applicable)** |
| **Damage Analysis/Estimating/****Customer Service (DAECS)** |  |  |  |  |  |  |
| **Painting & Refinishing** |  |  |  |  |  |  |
| **Non-Structural Analysis & Damage Repair (Body Components)** |  |  |  |  |  |  |
| **Structural Analysis & Damage Repair** |  |  |  |  |  |  |
| **Mechanical & Electrical Components** |  |  |  |  |  |  |

1. Complete **Instructor Qualification Sheets** for **ALL** instructors. (Attach additional copies if necessary)
2. Verify documentation of *industry update training and/or equivalent.* (20 hours required for each instructor).

 1 year of update training for Initial Accreditation

 5 years of update training for Renewal       ETL initials

1. Does an Advisory Committee with at least five members in attendance (excluding school personnel or educators from other programs) convene a minimum of two working meetings per year?

**YES ­­­­­­­­[ ]  NO [ ]**

1. Do Advisory Committee minutes reflect the Advisory Committee’s review of information from an annual evaluation of the facilities? **YES [ ]  NO** [ ]
2. 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 [ ]**  |

**12.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 in the following areas for the program listed above:**

|  |  |  |
| --- | --- | --- |
|  | % HP-I | % HP-G |
| [ ]  | a. Damage Analysis/Estimating/Customer Service (DAECS) |  |  |
|  |
| [ ]  | b. Painting & Refinishing |  |  |
|  |
| [ ]  | c. Non-Structural Analysis & Damage Repair |  |  |
| [ ]  Welding, Cutting, and Joining |  |  |
|  |
| [ ]  | d. Structural Analysis & Damage Repair |  |  |
|  |
| [ ]  | e. Mechanical & Electrical Components |  |  |
|  |

1. **The following team members concur with me the 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 |

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 e-mailed 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.

**COLLISION REPAIR & REFINISH SUPPLEMENTARY SHEETS**

**(Standards 1-5)**

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

1. 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)**

2. Please use the **Employer Questionnaire** forms to rate the graduates from this collision repair and refinish training program.

**STUDENTS**

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

**COLLISION REPAIR & REFINISH** **SUPPLEMENTARY SHEETS**

**(Standards 6-11)**

 **\*\*USING THE EVALUATION GUIDE RATING SHEETS FOR STANDARDS 6-10 EVALUATE THE PROGRAM BASED ON THE AREAS OF ACCREDITATION APPROVED FOR TEAM REVIEW.\*\***

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

**AREA: DAMAGE ANALYSIS/ESTIMATING/CUSTOMER SERVICE (DAECS)**

1. Number of hours in the course of study:
2. Is this program using Standard 12 (E-Learning) to meet hour requirements for this specialty area?

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

1. Percentage of: HP-I **%** HP-G  **%**

**STANDARDS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **6** | **7** | **8** | **9** | **10** | **11****(If applicable)** |
| **Number of evaluators** |       |       |       |       |       |       |
| **AVERAGE** |  |  |  |  |  |  |

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

**AREA: PAINTING & REFINISHING**

1. Number of hours in the course of study:
2. Is this program using Standard 12 (E-Learning) to meet hour requirements for this specialty area?

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

1. Percentage of: HP-I  **%** HP-G  **%**
2. Does the instructor(s) meet the minimum qualifications? Yes [ ]  No [ ]
3. Does the instructor(s) have current **ASE B2** certification? Yes [ ]  No [ ]

**STANDARDS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **6** | **7** | **8** | **9** | **10** | **11****(If applicable)** |
| **Number of evaluators** |       |       |       |       |       |       |
| **AVERAGE** |  |  |  |  |  |  |

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

**AREA: NON-STRUCTURAL ANALYSIS & DAMAGE REPAIR**

**(BODY COMPONENTS)**

1. Number of hours in the course of study:
2. **Welding, Cutting, & Joining** **hours in the course of study:**
3. Is this program using Standard 12 (E-Learning) to meet hour requirements for this specialty area?

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

1. Percentage of: HP-I  **%** HP-G **%**
2. **Welding, Cutting, & Joining: HP-I % HP-G %**
3. Does the instructor(s) meet the minimum qualifications? Yes [ ]  No [ ]
4. Does the instructor(s) have current **ASE B3** certification? Yes [ ]  No [ ]

**STANDARDS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **6** | **7** | **8** | **9** | **10** | **11****(If applicable)** |
| **Number of evaluators** |       |       |       |       |       |       |
| **AVERAGE** |  |  |  |  |  |  |

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

**AREA: STRUCTURAL ANALYSIS & DAMAGE REPAIR**

1. Number of hours in the course of study:

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

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

1. Percentage of: HP-I **%** HP-G **%**
2. Does the instructor(s) meet the minimum qualifications? Yes [ ]  No [ ]
3. Does the instructor(s) have current **ASE B4** certification? Yes [ ]  No [ ]

**STANDARDS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **6** | **7** | **8** | **9** | **10** | **11** **(If applicable)** |
| **Number of evaluators** |       |       |       |       |       |       |
| **AVERAGE** |  |  |  |  |  |  |

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

**AREA: MECHANICAL & ELECTRICAL COMPONENTS**

1. Number of hours in the course of study:
2. Is this program using Standard 12 (E-Learning) to meet hour requirements for this specialty area?

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

1. Percentage of: HP-I  **%** HP-G **%**
2. Does the instructor(s) meet the minimum qualifications? Yes [ ]  No [ ]
3. Does the instructor(s) have current **ASE B5** certification? Yes [ ]  No [ ]

**STANDARDS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **6** | **7** | **8** | **9** | **10** | **11****(If applicable)** |
| **Number of evaluators** |       |       |       |       |       |       |
| **AVERAGE** |  |  |  |  |  |  |

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

**EMPLOYER QUESTIONNAIRE**

On-Site Team Members should use this form for contacting employers of graduates in the collision repair and refinish 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** |
|  |  |
| 1. Entry level skills |       |
|  |  |
| 2. Work habits and attitudes |       |
|  |  |
| 3. Attendance and punctuality |       |
|  |  |
| 4. Opportunities for advancement |       |
|  |  |
| **Rating Average** |       |
|  |  |

 **NOTE to the ETL:**

**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 collision repair and refinish 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** |
|  |  |
| 1. Entry level skills |       |
|  |  |
| 2. Work habits and attitudes |       |
|  |  |
| 3. Attendance and punctuality |       |
|  |  |
| 4. Opportunities for advancement |       |
|  |  |
| **Rating Average** |       |
|  |  |

**NOTE to the ETL:**

**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 collision repair and refinish 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** |
|  |  |
| 1. Entry level skills |       |
|  |  |
| 2. Work habits and attitudes |       |
|  |  |
| 3. Attendance and punctuality |       |
|  |  |
| 4. Opportunities for advancement |       |
|  |  |
| **Rating Average** |       |
|  |  |

**NOTE to the ETL:**

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

**2022 COLLISION REPAIR & REFINISH INSTRUCTOR QUALIFICATION SHEET**

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

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

**Are they 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 the areas being taught by this instructor**

 Painting & Refinishing [ ]

 Non-Structural Analysis & Damage Repair [ ]

 Structural Analysis & Damage Repair [ ]

 Mechanical & Electrical [ ]

**ON-SITE EVALUATION TEAM MEMBER LIST**

**Collision Repair & Refinish 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 third 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 collision repair and refinish experience:

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

 ASE Collision Repair & Refinish Certifications (recommended):

|  |
| --- |
|       |

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

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

 Years of hands-on collision repair and refinish experience:

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

 ASE Collision Repair & Refinish Certifications (recommended):

|  |
| --- |
|       |

1. **ALTERNATE TEAM MEMBER (DEALERSHIP, INDEPENDENT REPAIR FACILITY, OR ADVISORY COMMITTEE MEMBER) – Initial Accreditation Only**

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

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

 Years of hands-on collision repair and refinish experience:

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

 ASE Collision Repair & Refinish 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

Collision Repair & Refinish 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 |       |

1. Is there coordination between the collision repair and refinish program and the academic department(s) for planning, developing, and teaching applied academics to collision repair students?

[ ] Yes [ ] No

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

|  |
| --- |
|       |

3. Do collision and academic instructor’s team teach collision repair students?

[ ] Yes [ ] No

4. Are collision and academic instructors actively involved with collision student organizations, activities, or competitions?

[ ] Yes [ ] No

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

[ ] Yes [ ] No

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

[ ] Yes [ ] No

**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 improvements process.)**

2,500 character limit

**Signatures below verify that 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. |  |       |       |
|  | ETL Signature | Typed or Printed Name | Date (m/d/yyyy) |