For Office Use Only

Program ID:

**MEDIUM/HEAVY TRUCK FINAL REPORT FORM - 2023**

**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:**

**Inspection, Maintenance, and Minor Repair**

**Truck Service Technology**

**Master Truck 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** |
| **Inspection, Maintenance, & Minor Repair** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Truck Service Technology** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Master Truck 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) (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 with at least five members in attendance (excluding school personnel) 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 follow-up procedure? **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:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | % | % | % |
| **Accreditation Level Recommended:** | | P-1 | P-2 | P-3 |
|  | | | | |
|  | Inspection, Maintenance, & Minor Repair |  |  |  |
|  | | | | |
|  | Truck Service Technology |  |  |  |
|  | | | | |
|  | Master Truck 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](mailto: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.

**MEDIUM/HEAVY TRUCK 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)**

1. Please use the **Employer Questionnaire** forms to rate the graduates from this medium/heavy truck training program.

**STUDENTS**

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

**MEDIUM/HEAVY TRUCK** **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: **IMMR – 540 TST – 740 MTST - 1040**

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. Do the instructor(s) meet the minimum qualifications? Yes  No
3. Do the instructor(s) have current **ASE T6** & **T8** certification? Yes  No

***FOR IMMR ACCREDITATION ONLY***

1. *Do the instructor(s) hold current* ***ASE T4*** *certification, plus at least one additional medium/heavy truck ASE Certification? Yes  No*

***FOR TST & MTST ACCREDITATION ONLY***

1. *Do the instructor(s) hold current ASE certifications in the area(s) they teach?*

*Yes  No*

1. *Is the instructor(s) an ASE Master Certified Technician? Yes  No*

**MEDIUM/HEAVY TRUCK** **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 IMMR** |  |  |  |  |  |  |
| **AVERAGE TST** |  |  |  |  |  |  |
| **AVERAGE MTST** |  |  |  |  |  |  |

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

**EMPLOYER QUESTIONNAIRE**

On-Site Team Members should use this form for contacting employers of graduates in the medium/heavy truck 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** |  |
|  |  |

**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 medium/heavy truck 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** |  |
|  |  |

**EMPLOYER QUESTIONNAIRE**

On-Site Team Members should use this form for contacting employers of graduates in the medium/heavy truck 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** |  |
|  |  |

**2023 MEDIUM/HEAVY TRUCK 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:**

**Inspection, Maintenance, & Minor Repair**  **Truck Service Technology**  **Master Truck Service Technology**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current ASE Certifications:** | **Expiration Date** | **IMMR** | **TST** | **MTST** |
| **T2 – Diesel Engines** |  |  | If taught | If taught |
| **T3 – Drive Train** |  |  | If taught | If taught |
| **T4 – Brakes** |  | **Required** | If taught | If taught |
| **T5 – Suspension & Steering** |  |  | If taught | If taught |
| **T6 – Electrical/Electronic Systems** |  | **Required** | **Required** | **Required** |
| **T7 – Heating, Ventilation & Air Conditioning** |  |  | If taught | If taught |
| **T8 – Preventive Maintenance Inspection** |  | **Required** | **Required** | **Required** |

**TST & MTST programs must indicate areas being taught by this instructor**

Diesel Engines

Drive Train

Brakes

Suspension & Steering

Electrical/Electronic Systems

Heating, Ventilation and Air Conditioning

Preventive Maintenance Inspection

***\* IMMR program instructors must hold ASE certification in T4, T6, T8 and at least one other T series certification.***

**ON-SITE EVALUATION TEAM MEMBER LIST**

**Medium/Heavy Truck 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. 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 medium/heavy truck experience:

High school graduate or equivalent: YES NO

ASE Medium/Heavy Truck Certifications (recommended):

|  |
| --- |
|  |

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

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

Years of hands-on medium/heavy truck experience:

High school graduate or equivalent: YES NO

ASE Medium/Heavy Truck 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 medium/heavy truck experience:

High school graduate or equivalent: YES NO

ASE Medium/Heavy Truck 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 medium/heavy truck experience:

High school graduate or equivalent: YES NO

ASE Medium/Heavy Truck Certifications (recommended):

|  |
| --- |
|  |

**INTEGRATED ACADEMIC SKILLS RECOGNITION (OPTIONAL)**

|  |
| --- |
|  |

Program Name

Medium/Heavy Truck 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 medium/heavy truck program 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 *Applied Academic and Workplace Skills* manual for Medium/Heavy Truck 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) |