For Office Use Only

Program ID:

**AUTOMOBILE FINAL REPORT FORM - 2024**

**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 or Independent) |
|  |  |  |
| Name | Title | Employer (Dealership or 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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **6** | **7** | **8** | **9** | **10** | **11**  **If applicable** |
| **Number of evaluators** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Maintenance & Light Repair** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Automobile Service Technology** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Master Automobile Service Technology** |  |  |  |  |  |  |

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. For programs seeking re-accreditation, was documentation provided that recommendations from the previous on-site evaluation team were reviewed, implemented, or addressed?

YES NO

**If No, please explain:**

1. **A copy of the supplementary sheets and debriefing form have been provided to the institution (required)? YES**  **NO**

**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 | |

**A copy of the final report (including the signed Summary of Debriefing Meeting form) with participant signatures must be kept on hand and a copy must be provided to the ASE Education Foundation. The final report can be e-mail 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. All payment forms and receipts should be submitted to the ASE Education Foundation at the same time the final report is submitted.**

1. **Verify the following Go/No Go Standards are being met**:
   * **6.1A** – 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**
   * **6.6B** – Is the Advisory Committee included when conducting an annual evaluation of facilities to assure adequacy in meeting program goals? **YES  NO**
   * **7.4A** – Does the automobile program provide theory and hands-on training for 90% of the P-1, 75% of the P-2, and 50% of the P-3 tasks, as evidenced by cross-referencing the course of study, lesson plans, job sheets, and student progress charts? **YES**  **NO**
   * **8.1A** – Are all shields, guards, and other safety devices in places, operable, and used?

**YES**  **NO**

* + **8.2A** – Are the tools and equipment available for the tasks taught at the program level being accredited? **YES**  **NO**
  + **10.1** – Do instructor(s) hold current ASE certification appropriate for the level of program accreditation being sought (MLR, AST, or MAST)? **YES**  **NO**
  + **10.3B** – Do instructor(s) attend a minimum of 20 hours of recognized *industry update training (or equivalent)* relevant to the program?
* 1 year of update training for ***Initial Accreditation*** - **YES**  **NO**
* 5 years of update training for ***Renewal of Accreditation*** - **YES**  **NO**

1. 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. If program is not using E-Learning to meet program hour requirements, skip to number 14.***

* Is there documentation that students have access to appropriate technology for e-learning purposes? **YES  NO**
* Are the content/tasks that are to be delivered via e-learning clearly highlighted in the course of study? **YES  NO**
* Is there documentation that e-learning is incorporated into the content/tasks in the program plan? **YES  NO**
* 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**
* Is there documentation of the implementation and use of e-learning instructional materials as evidenced in a Learning Management System (LMS)? **YES  NO**
* Are Advisory Committee meeting minutes available to confirm that the committee has discussed and approved e-learning? **YES  NO**

1. **The on-site evaluation team recommends accreditation at the following level:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | 90% | 75% | 50% |
| **Accreditation Level Recommended:** | | | P-1 | P-2 | P-3 |
| **YES** | **NO** |  |  |  |  |
|  |  | 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.**

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

**AUTOMOBILE SUPPLEMENTARY SHEETS**

**(Standards 1-5)**

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

**STANDARDS**

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

**\*\* 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

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|  |  |
| --- | --- |
|  | **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

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

**2024 AUTOMOBILE INSTRUCTOR QUALIFICATION SHEET**

**(an instructor qualification sheet MUST be completed for EACH instructor)**

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

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

**Is the instructor new 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\*\* |
| **xEV Electrical Safety Level 2** |  |  |  | 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

**\*G1 certification is not required for Instructor(s) holding ASE Master Certification Status in A1-A8.**

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

*\*\*ASE certification in L3 and xEV Electrical Safety Level 2 is recommended for MAST program instructors teaching Hybrid/Electric Vehicle Diagnosis & Repair*

**ON-SITE EVALUATION TEAM MEMBER LIST**

**Automobile Accreditation**

**NOTE:** Team Members must have at least three years full-time experience as a general automobile technician and currently employed as an automotive technician, educator, trainer, field service engineer, OEM or aftermarket technical specialist, or automobile service facility manager or owner. Advisory committee members that **did not** participate in the program self-evaluation may be used. A fourth alternate team member 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 #1:**

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

**Advisory Committee Member:** YES NO

Years of hands-on automobile experience:

ASE Automobile Certifications (recommended):

|  |
| --- |
|  |

1. **TEAM MEMBER #2:**

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

**Advisory Committee Member:** YES NO

Years of hands-on automobile experience:

ASE Automobile Certifications (recommended):

|  |
| --- |
|  |

1. **TEAM MEMBER #3 – ALTERNATE TEAM MEMBER FOR RENEWAL:**

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

**Advisory Committee Member:** YES NO

Years of hands-on automobile experience:

ASE Automobile Certifications (recommended):

|  |
| --- |
|  |

1. **ALTERNATE TEAM MEMBER – REQUIRED FOR INITIAL ACCREDITATION ONLY:**

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

**Advisory Committee Member:** YES NO

Years of hands-on automobile experience:

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) |