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**ON-SITE EVALUATION AGREEMENT**

Automobile  Collision Repair  Truck

Accreditation  Renewal of Accreditation

**INSTITUTION:**

|  |  |  |
| --- | --- | --- |
|  | | |
| **Name** | | |
|  | | |
| **Program** | | |
|  | | |
| **Street** | | |
|  |  |  |
| **City** | **State** | **Zip** |
|  | | |
| **Telephone** | | |

**ADMINISTRATOR OF THE INSTITUTE:**

|  |  |
| --- | --- |
|  | |
| **Name** | |
|  |  |
| **Telephone Number** | **Email Address** |

**PROGRAM INSTRUCTOR/COORDINATOR:**

|  |  |
| --- | --- |
|  | |
| **Name** | |
|  |  |
| **Telephone Number** | **Email Address** |

**EVALUATION TEAM LEADER (assigned by ASE Education Foundation):**

|  |  |
| --- | --- |
|  | |
| **Name** | |
|  |  |
| **Telephone Number** | **Email Address** |

**SEND THE FOLLOWING MATERIALS TO THE ETL WITHIN TWO WEEKS:**

1. On-Site Evaluation Agreement (this completed form).
2. Copy of the Application (include *Integrated Academic Skills Recognition* information, if applicable).
3. Copies of Advisory Committee Meeting Minutes.
   * 1. One year for initial
     2. Five years for renewal
4. List of (6) graduates who completed the program within the past 3 years and are employed locally. Include the name of the graduate, their supervisor, and the address and phone number of the place of employment.
5. Course of Study
6. Syllabus for each class
7. Your task list that shows percentages of P1, P2, and P3 (or HP-I & HP-G) tasks taught in your program
8. Number of contact hours
9. Sequence of instruction to be included in the program
10. List of training materials used
11. Sample evaluation form used to track student progress
12. Copies of Instructor Training Certificates showing 20 hours per year of industry technical training.
    * 1. One year for initial
      2. Five years for renewal
13. Copy of ASE Certificate(s) or Certification Status Letter from [MyASE](https://my.ase.com/Account/Login).

**Once the ETL has been able to validate your materials, he/she will coordinate with you to set the on-site date.**

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|  |
| **Institution Administrator – Signature** |
|  |
| **Institution Administrator – Name and Title (print or type)** |
|  |
| **Program Instructor Signature** |
|  |
| **Program Instructor - Name and Title (print or type)** |

**For ETL to complete:**

I have reviewed the program’s documentation and this agreement and found it to be complete.

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

Evaluation Team Leader – Signature Date

|  |  |
| --- | --- |
| **DATE(S) FOR ON-SITE EVALUTION:** |  |

1503 Edwards Ferry Rd., NE, Suite 401, Leesburg, VA 20176

(703) 669-6650 ● [www.ASEeducationfoundation.org](http://www.ASEeducationfoundation.org)