

COLORADO DEPARTMENT OF HIGHER EDUCATION  
 DIVISION OF PRIVATE OCCUPATIONAL SCHOOLS

**SUPERVISORY VISIT REPORT – RENEWAL**

Name of School \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
 Street City State Zip Code

**Section I: Educational Program**

	YES	NO	School Rep's Initials
1. Are instructors using Division approved curriculum?	___	___	___
2. Are any additional state approval(s) required? <i>If so, attach list of program(s), approving agency &amp; current approval letter for each program.</i>	___	___	___
3. Are textbooks/instructional materials, teaching aids, library and reference materials current?	___	___	___
4. Are all instructors approved in the areas they are teaching?	___	___	___
Cross reference check with DPOS list: _____			
Number of Instructors _____			
Number of Students _____			
Ratio of students in theory versus lab classes: _____theory    _____ lab			

**Section II: Equipment**

	YES	NO	School Rep's Initials
1. Are tools and equipment in good working order?	___	___	___
2. Number of lab stations sufficient? Number of lab stations _____	___	___	___

**Section III: Physical Plant**

	YES	NO	
1. Is the facility clean and properly maintained?	___	___	___
2. Is there sufficient heat, light, ventilation, etc., for the training?	___	___	___
3. Are there current and appropriate safety inspection report(s) on file?	___	___	___
a. One of the following must be submitted to the Division:			
Fire _____			
Certificate of Occupancy _____			
Proof of Insurance _____			
b. Inspection Agency _____			
c. Last date of inspection _____			
4. Is proper signage displayed?	___	___	___
a. School Sign _____			
b. COA prominently displayed _____			
c. Other _____			

**Section IV: Enrollment**

	YES	NO	School Rep's Initials
1. Are all agents approved? Cross reference check with DPOS list: _____	___	___	___
2. Does the school determine that the applicant has no limitations, in advance of enrollment, that would prevent successful completion of the training or employment, C.R.S. 12-59-117(i)?	___	___	___

**Section V: Records (Student & Instructor)**

**YES NO School Rep's Initials**

- 1. Are records secure and maintained on a confidential basis? \_\_\_ \_\_\_ \_\_\_
- 2. Location of records \_\_\_\_\_
- 3. Number of student files reviewed: Current students \_\_\_\_\_ Graduates \_\_\_\_\_ Withdrawals \_\_\_\_\_
  - a. Number of files with errors \_\_\_\_\_  
**Attach list of issues with descriptions and resolution dates.**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 4. Are transcripts maintained? \_\_\_ \_\_\_ \_\_\_
  - a. How are they maintained? \_\_\_\_\_
- 5. Is there a transcript in each applicable student's file? \_\_\_ \_\_\_ \_\_\_
- 6. Are admissions requirements (high school diploma, GED, ATB test) being met? \_\_\_ \_\_\_ \_\_\_
- 7. Are attendance records maintained properly? \_\_\_ \_\_\_ \_\_\_
- 8. Are job placement records maintained? *If not applicable, indicate: N/A* \_\_\_ \_\_\_ \_\_\_
- 9. Does the school maintain complaint records/counseling documentation? \_\_\_ \_\_\_ \_\_\_
- 10. Are refunds accurate and completed within 30 days? \_\_\_ \_\_\_ \_\_\_
- 11. Does the school terminate students when it is clear they are unable to make satisfactory progress? \_\_\_ \_\_\_ \_\_\_
- 12. Number of instructor files reviewed: \_\_\_\_\_ \_\_\_ \_\_\_ \_\_\_
  - a. **List** of instructors **per program/course taught** provided by school. \_\_\_ \_\_\_ \_\_\_
- 13. Is minimum occupational experience documented? \_\_\_ \_\_\_ \_\_\_
- 14. Is **current** license, certification, registration and/or other **required** credential on file? \_\_\_ \_\_\_ \_\_\_
- 15. Is educational experience documented, if applicable? \_\_\_ \_\_\_ \_\_\_
- 16. Is there proof of continued competency in instructor files? \_\_\_ \_\_\_ \_\_\_
- 17. a. Do any instructors teach minors (under 16)? \_\_\_ \_\_\_ \_\_\_
  - b. If yes, has a background check been completed? *If not applicable, indicate: N/A* \_\_\_ \_\_\_ \_\_\_
  - c. *(If applicable, School to provide a list of all instructors teaching minors.)* \_\_\_ \_\_\_ \_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**“NO” responses (except I.2 & V.17.a) require immediate attention and documentation. All responses must be satisfactory PRIOR to any Board consideration. The Board will not consider renewals for schools with any outstanding issues:** \_\_\_\_\_

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\_\_\_\_\_  
 Private Occupational School Staff Date School Representative Date  
 \_\_\_\_\_  
 DPOS Director Date