INSTRUCTIONS FOR OBTAINING REQUIRED EVALUATOR’S REPORTS
For Programs/Stand Alone Courses

Schools are required to submit a minimum of three (3) evaluator reports with each NEW and/or MAJOR REVISION of programs and/or stand-alone courses in accordance with §23-64-112(1)(c), C.R.S., and (d) 8 CCR 1504-1 Rule III(B). Minor revisions do not require evaluations; send evaluation reports for major revisions ONLY. Please see current Rules for definition of major revisions and minor revisions.

In lieu of the three evaluator reports, official advisory committee minutes may be submitted (please note the licensure requirements below also apply to advisory committee members). The advisory minutes should include, at minimum:
- Resumes or bios for each committee member
- Title of the new/revised program/course
- Discussion regarding the proposed curriculum and its ability to meet the objective of the training
- A vote or final outcome summarizing if any changes will be made or if it will be submitted to DPOS as is for approval.

Evaluator reports must be obtained PRIOR TO SUBMITTING TO DPOS by using the following evaluators:
- Individual closely associated with work related to the program/stand-alone course
- Prospective Employer
- Former students of the school may be evaluators if they meet the following criteria, in addition to the requirements below:
  - Must have graduated from the school at least one year prior to the evaluation.
  - Must have been in the profession for at least one year.
  - Must have no other affiliation with the school.

- "In those occupational areas for which industry standards or a governmental agency require a license, certification (advanced training), registration, journeyman’s card or similar regulatory credential ("Regulatory Credential") to engage in the occupation for the program/course being evaluated, a minimum of two of the three evaluators/advisory committee members must have and submit the corresponding license/credential. A license/credential that is not active and/or in good standing will be considered on a case-by-case basis. The third evaluator must meet the qualifications below.

- Each evaluator shall be familiar with the work related to the occupational training to be reviewed. This is important to ensure proper evaluation of whether the program or stand-alone course meets its proposed occupational objective.

- Evaluators shall not be associated with the school in any way and shall attest to such by signing evaluator report.

- The school should use the evaluators’ suggestions/comments to make any necessary or desired changes to a program or stand-alone course prior to submittal. Should the school choose not to incorporate the suggestions, a detailed explanation must be attached.

- The Division will review the new/revised program(s), stand-alone course(s) and comments of the evaluators (or advisory committee), and will either accept, reject, or recommend further changes.

- If individual courses within a program (Column A on the Program Approval Form) that is currently being evaluated are also being submitted as stand-alone courses, please fill out section VIII on page 4. These do NOT require individual Evaluator Reports to be submitted. Please note: If stand-alone course/course are being submitted individually, and they are NOT part of a program that is currently being evaluated, Evaluator Reports are required. Do NOT fill out section VIII on page 4.
EVALUATOR REPORT

This report MUST be filled out in its entirety by the evaluator; the school may not fill out any section. Failure to comply may result in denial of the Program/Course and/or the Application for a Certificate of Approval to Operate a Colorado Occupational School.

(NOTE: Minor revisions do not require Evaluations. Please refer to instructions above for more information.)

Name of School ____________________________________________________________

Program/Stand Alone Course Title ____________________________________________

Check all that apply: Classroom ___ Correspondence ___ On-line ___

I. Evaluator Information

Name _______________________________________________ Firm __________________

Address _____________________________________________________________

Position ________________________________________________________________ No. of Years ______

Evaluator Phone Number (required) ________________________________

Evaluator Email (required) ________________________________

II. Occupational Background Please submit and attach the following:

A. In those occupational areas for which industry standards or a governmental agency require a license, certification, (advanced training), registration, journeyman’s card or similar regulatory credential (“Regulatory Credential”) to engage in the occupation for the program/course being evaluated, two of the three evaluators must submit the corresponding credential.

AND (ALL evaluators)

B. A resume or bio (required) in addition to a brief description below.

Education (as related to this program/course) ____________________________________________

____________________________________________________________________________

____________________________________________________________________________

Experience (as related to this program/course) ____________________________________________

____________________________________________________________________________

____________________________________________________________________________

Evaluation Materials:

A. Did you receive a copy of the following items for review:

1. Program and/or Course Syllabus? Initials: Yes ___ No ___

2. Course Schedule? Initials: Yes ___ No ___


B. What, if any, additional materials were given for review? ________________________________

____________________________________________________________________________

____________________________________________________________________________
Indicate your assessment of each category below by placing your initials in the blank next to your selection:

III. Program/Course Title
A. Is the title of this program acceptable to the industry?
   Initials: Yes_____ No_____ Questionable_____

IV. Program/Course Objective
A. Is the program objective clearly stated?
   Initials: Yes_____ No_____ Questionable_____
B. Does the time required for completion of the total program seem reasonable in relation to the program objective?
   Initials: Yes_____ No_____ Questionable_____

V. Curriculum (specific courses)
A. Are the course objectives clearly stated?
   Initials: Yes_____ No_____ Questionable_____
B. Is the content of the courses adequate to meet the stated objectives of the program?
   Initials: Yes_____ No_____ Questionable_____
C. Is the content of each course adequate to meet the stated objective of each course?
   Initials: Yes_____ No_____ Questionable_____
D. Is the sequence of subject matter and related activities suitable for the attainment of the specific objectives?
   Initials: Yes_____ No_____ Questionable_____
E. Are safety precautions required?
   If yes, do they seem adequate?
   Initials: Yes_____ No_____ Questionable_____
F. Is the equipment and supply list satisfactory for meeting the needs of business or industry?
   Initials: Yes_____ No_____ Questionable_____
G. Is the theory allotted each subject sufficient to support practical or lab activities?
   Initials: Yes_____ No_____ Questionable_____
H. Does the curriculum provide specific and related knowledge necessary for occupational competence at an entry level with minimum supervision?
   Initials: Yes_____ No_____ Questionable_____
I. Are prerequisites or entry requirements adequate to meet program objectives?
   Initials: Yes_____ No_____ Questionable_____
J. Does curriculum provide for adequate skill development through meaningful activities?
   Initials: Yes_____ No_____ Questionable_____
K. What can a student who has completed a program of this nature expect to earn upon entry into this occupational field?
   ________________________________

VI. Please comment on those items checked with “NO” or “Questionable.”
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
(Use a separate page if additional space is needed.)

VII. Recommendation:
Initials: ____Approval
Initials: ____Non-approval of Program/Stand Alone Course in current form

The undersigned agrees there exists no personal or business relationship with the school or owner(s) and agrees not to make copies or divulge any of the content of the program or course materials evaluated.

_____________________________  __________________________
Signature  Date

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VIII. **STAND-ALONE COURSES ONLY:** If any of the individual courses within a program (Column A on the Program Approval Form) are simultaneously being submitted as stand-alone courses, please list the name of the stand-alone course and place your initials next to your recommendation, indicating approval or non-approval of the stand-alone course. These do not require individual evaluator reports to be submitted (print this page twice if additional space is needed):

**Stand-Alone Course:** ___________________________________________________

Initials: ___Approval
Initials: ___Non-approval

**Stand-Alone Course:** ___________________________________________________

Initials: ___Approval
Initials: ___Non-approval

**Stand-Alone Course:** ___________________________________________________

Initials: ___Approval
Initials: ___Non-approval

**Stand-Alone Course:** ___________________________________________________

Initials: ___Approval
Initials: ___Non-approval

**Stand-Alone Course:** ___________________________________________________

Initials: ___Approval
Initials: ___Non-approval

**Stand-Alone Course:** ___________________________________________________

Initials: ___Approval
Initials: ___Non-approval

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