Miami-Dade County Public Schools
Evaluation of Career Technical Program

_____
SHOP/LAB ROOM   TEACHER(S)   DAY   EVENING

_____
NAME OF ADVISORY COMMITTEE

INSTRUCTIONS: If unacceptable is marked, please explain in comment column.

CATEGORIES	ACCEPTABLE	NEEDS IMPROVEMENT	UNACCEPTABLE	N/A	COMMENTS
PHYSICAL FACILITIES					
Adequate Size	☐	☐	☐	☐	_____
Lighting/Ventilation	☐	☐	☐	☐	_____
Adequate Electrical Service	☐	☐	☐	☐	_____
Furnishings for Instructor/Storage	☐	☐	☐	☐	_____
General Housekeeping	☐	☐	☐	☐	_____
Organization/Arrangement	☐	☐	☐	☐	_____
Safety Aspects	☐	☐	☐	☐	_____
Restroom Locker Area	☐	☐	☐	☐	_____
EQUIPMENT					
Appropriateness	☐	☐	☐	☐	_____
Availability	☐	☐	☐	☐	_____
Safety Devices	☐	☐	☐	☐	_____
Age/Condition	☐	☐	☐	☐	_____
Quantity	☐	☐	☐	☐	_____
Utilization/Arrangement	☐	☐	☐	☐	_____
INSTRUCTIONAL MATERIALS					
Industry Related Appropriate	☐	☐	☐	☐	_____
Availability	☐	☐	☐	☐	_____
Safety Aspects	☐	☐	☐	☐	_____
Security/Control	☐	☐	☐	☐	_____
Age/Condition	☐	☐	☐	☐	_____
Quantity	☐	☐	☐	☐	_____
Utilization/Arrangement	☐	☐	☐	☐	_____
Relevant Resource Materials	☐	☐	☐	☐	_____

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CATEGORIES	ACCEPTABLE	NEEDS IMPROVEMENT	UNACCEPTABLE	N/A	COMMENTS

CURRICULUM

	ACCEPTABLE	NEEDS IMPROVEMENT	UNACCEPTABLE	N/A	COMMENTS
Admission Requirements	☐	☐	☐	☐	_____
Program Content (Current Industry Practices & Student Learning Outcomes)	☐	☐	☐	☐	_____
Program Length	☐	☐	☐	☐	_____
Program Objectives	☐	☐	☐	☐	_____
Competency Tests	☐	☐	☐	☐	_____
Learning Activities	☐	☐	☐	☐	_____
Methods of Program Evaluation	☐	☐	☐	☐	_____
Skills and/or Proficiency Required for Completion	☐	☐	☐	☐	_____
Workplace Ethics	☐	☐	☐	☐	_____
Appropriate Delivery Methods	☐	☐	☐	☐	_____

INSTRUCTION SUPPORT

	ACCEPTABLE	NEEDS IMPROVEMENT	UNACCEPTABLE	N/A	COMMENTS
Current Course Syllabus/Outline	☐	☐	☐	☐	_____
Student Orientation	☐	☐	☐	☐	_____
Placement/Follow-up Reports	☐	☐	☐	☐	_____
Industry Visitations	☐	☐	☐	☐	_____
Available Audio-Visual Equipment	☐	☐	☐	☐	_____
Instructors Continuing Education	☐	☐	☐	☐	_____

PROGRAM PERFORMANCE

	ACCEPTABLE	NEEDS IMPROVEMENT	UNACCEPTABLE	N/A	COMMENTS
Student Enrollment	☐	☐	☐	☐	_____
Completion Rate	☐	☐	☐	☐	_____
Licensure Rate	☐	☐	☐	☐	_____
Placement Rate	☐	☐	☐	☐	_____

ADMINISTRATIVE SUPPORT

	ACCEPTABLE	NEEDS IMPROVEMENT	UNACCEPTABLE	N/A	COMMENTS
Program Promotion	☐	☐	☐	☐	_____
Scheduling of Students	☐	☐	☐	☐	_____
Class Size	☐	☐	☐	☐	_____
Custodial Services	☐	☐	☐	☐	_____
Admin Frequency of Classroom Visits	☐	☐	☐	☐	_____
Job Specialist/Counselor Visits	☐	☐	☐	☐	_____

Summary of Program Strengths: _____
_____
_____

Recommendations for Improvement: _____
_____
_____

Occupational Advisory
Committee Industry Member: _____

PRINT NAME: SIGNATURE: DATE:

_____   _____   _____   FM-7704 Rev. (01-22)