



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/Stand-Alone 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 for more information.)

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

Program/Stand-Alone Course Title \_\_\_\_\_

Method of Delivery (Check all that apply): Classroom \_\_\_ On-line\_\_\_ Hybrid/Blended\_\_\_ Other\_\_\_

I. Evaluator Information

Name \_\_\_\_\_ Company/Organization \_\_\_\_\_

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

Position \_\_\_\_\_ No. of Years \_\_\_\_\_

Evaluator Phone Number (required) \_\_\_\_\_

Evaluator Email (required) \_\_\_\_\_

II. Occupational Background: Please provide the following to the school for upload in DPOS Connect:

A. A resume or bio (required for all evaluators) in addition to a brief description below.

B. 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.

Education (as related to this program/course) \_\_\_\_\_

Experience (as related to this program/course) \_\_\_\_\_

Evaluation Materials:

A. Did you review the following items:

- 1. Program or Stand-Alone Course Syllabus? Initials: Yes \_\_\_ No \_\_\_
2. Course Schedule? Initials: Yes \_\_\_ No \_\_\_
3. Equipment List (if applicable)? Initials: Yes \_\_\_ No \_\_\_

B. What, if any, additional materials were provided for review? \_\_\_\_\_



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

III. Program/Stand-Alone Course Title

A. Is the title acceptable to the industry? Initials: Yes\_\_\_ No\_\_\_

IV. Program/Stand-Alone Course Objective

A. Is the objective clearly stated? Initials: Yes\_\_\_ No\_\_\_

B. Does the time required for completion seem reasonable in relation to the objective? Initials: Yes\_\_\_ No\_\_\_

V. Curriculum (specific courses)

A. Are the course objectives clearly stated? Initials: Yes\_\_\_ No\_\_\_

B. Is the content of the courses adequate to meet the stated objectives? Initials: Yes\_\_\_ No\_\_\_

C. Is the content of each course adequate to meet the stated objective of each course? Initials: Yes\_\_\_ No\_\_\_

D. Is the sequence of subject matter and related activities suitable for the attainment of the specific objectives? Initials: Yes\_\_\_ No\_\_\_

E. Are safety precautions required? If yes, do they seem adequate? Initials: Yes\_\_\_ No\_\_\_

F. Is the equipment and supply list satisfactory for meeting the needs of business or industry? Initials: Yes\_\_\_ No\_\_\_

G. Is the theory allotted each subject sufficient to support practical or lab activities? Initials: Yes\_\_\_ No\_\_\_

H. Does the curriculum provide specific and related knowledge necessary for occupational competence at an entry level with minimum supervision? Initials: Yes\_\_\_ No\_\_\_

I. Are prerequisites or entry requirements adequate to meet objective? Initials: Yes\_\_\_ No\_\_\_

J. Does curriculum provide for adequate skill development through meaningful activities? Initials: Yes\_\_\_ No\_\_\_

K. Student's expected entry-level salary upon completion of this program in this occupational field? \$\_\_\_\_\_

VI. Please provide comment/explanation of any "No" answers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use a separate page if additional space is needed.)

VII. Recommendation:

Initials: \_\_\_ Curriculum approved as reviewed

Initials: \_\_\_ Curriculum NOT approved as reviewed

***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.***

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\_\_\_\_\_



**COLORADO**

**Division of Private  
Occupational Schools**

Department of Higher Education

Rev 10.07.2022

Signature

Date