#

# **In-State Renewing Private Occupational School Distance Education Questionnaire & Attestation**

*Complete this form if the school utilizes Distance Education for one or more of its program(s)/stand-alone course(s).*

*S*chool Name: Click or tap here to enter text.

*Please provide an answer to the following questions in the table below.*

1. List the program(s)/stand-alone course(s) offered via distance education.
2. Do the program(s)/course(s) contain both on-site courses and distance education courses?
3. Does the school offer any program(s)/course(s) where the student may elect either distance education or on-site training?
4. Are there any programs that are offered entirely via distance education?
5. Are the courses offered via distance education delivered as synchronous, asynchronous or both?

*List the program/course and then select how the education is offered:*

* *by placing an “X” in the corresponding column if the answer is “yes” for questions 2-4*
* *select an answer from the drop-down menu for question 5.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |
| **Program/Course Name** | **Offered both as on-site and distance education?** |  **Student can elect distance education or on-site training?** | **Offered entirely via distance education?** | **Delivered synchronous, asynchronous or both?** |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |
|       |       |       |       | Choose One |

**Attestation:**

By submitting this application, I attest the school:

* Instructs only in subject matter appropriate for delivery through distance education methods.
* Employs online instruction faculty qualified to teach using distance education methods, effectively supported, and competent in the use of necessary software and instructional design tools (in addition to their meeting the education and experience requirements established).
* Establishes faculty achievement of proficiency in the particular online platform(s) being utilized through comprehensive and documentable training in the delivery of online instruction.
* Regularly assesses faculty’s abilities regarding student success, student satisfaction, and retention.
* Ensures faculty are appropriate and sufficient in number to achieve stated outcomes.
* Ensures faculty provide regular feedback and assistance to students in support of the achievement of learning outcomes.
* Uses assessments appropriate for a distance education environment, which accurately assess the achievement of learning outcomes.

**Submitted and Attested By:**

Printed Name: Click or tap here to enter text.

Date: Click or tap here to enter text.

Title:Click or tap here to enter text.