



## Program Information (Cont.)

School Name: \_\_\_\_\_

5. Describe the guidance and placement assistance information provided to students:

\_\_\_\_\_

6. Maximum number of students per class section: \_\_\_\_\_

7. Type of completion award:  Diploma  Certificate

8. Students can enroll:  Weekly  Daily  Other: \_\_\_\_\_

9. CHARGES FOR PROGRAM:

Application fee (if used): \_\_\_\_\_

Registration fee: \_\_\_\_\_

Tuition cost:\* \_\_\_\_\_

List all other charges (such as books, supplies, lab fees, student activity fees, etc.) not included in the tuition cost: \_\_\_\_\_

**Total program cost:** \_\_\_\_\_

\*OARs 581-045-0036 (7), 581-045-0037 (7) and 581-045-0038 (5) state: "The term 'tuition cost' means the charges for instruction, including any lab fees. Tuition cost does not include application fees, registration fees, or other identified program fees and costs. The school shall adopt and publish policies regarding the return of resalable books and supplies and/or the prorating of user fees, other than lab fees."

**Briefly describe the school's policy:**

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

## Program Information (Cont.)

School Name: \_\_\_\_\_

### PROGRAM EVALUATION

(Use separate form for each instructional program)

#### PRIMARY OCCUPATIONS FOR STUDENTS COMPLETING PROGRAM

| Occupational Title | *Family Wage Job<br>(yes or no) | Average Annual Wage<br>Upon Program<br>Completion | Anticipated Annual<br>Wage Within 3 Years of<br>Employment Entry |
|--------------------|---------------------------------|---|--|
|                    |                                 |   |  |
|                    |                                 |   |  |
|                    |                                 |   |  |
|                    |                                 |   |  |
|                    |                                 |   |  |

*\*Family wage job is the salary needed within the region to support a family of four above the poverty level. Currently that figure is \$18,400.*

#### PROGRAM DESCRIPTION

Description of the program to be included in the school catalog:

#### STATEMENT OF PROGRAM NEED

How did the school determine that there was a need for the program? What is the current employment, replacement, and expansion data for regional, state, and national labor markets for this occupational area? (For assistance contact the Oregon Employment Department at 1-800-237-3710 or [www.emp.state.or.us](http://www.emp.state.or.us).) How did the school conduct the market study to determine the need for the program in the community? What were the results? (*Attach additional sheets as necessary.*)

## Program Information (Cont.)

School Name: \_\_\_\_\_

### STUDENT ADMISSION REQUIREMENTS

Identify all that apply:

- a.  High School Graduate    OR     GED
- b. Minimum Age: \_\_\_\_\_
- c.  Medical Exam                       Criminal History                       Drug Screening
- d.  Ability to Benefit Exam *(if used, attach a copy)*
- e.  Entrance Exam *(if used, submit a copy and minimum score required)*
- f. Please list any additional entrance requirements: *(Please note that the documentation you identify as an admission requirement must be in each student's school file.)*

g. Is credit given for previous learning? If so, explain.

h. How do you plan to evaluate student performance?

## Program Information (Cont.)

### COURSE SYLLABUS

A syllabus is not intended to be a detailed lesson plan. It is intended to be an overview of what students can expect. That said, most syllabi include the following features:

#### Basic Information

- The name of the course (and when used, the course number) as well as the year (e.g., 1/2007),
- The times and days of the week,
- Where classes will meet (building name and room number),
- The instructor's name, contact information, location of his/her office, and
- If the syllabus or other course material is available on the Internet, include the URL address.

#### Course Description

Course descriptions can vary. Typically they are one paragraph in length and are meant to give students an idea of the course content and objectives. This is also the space to list any prerequisites that are required or recommended.

#### Texts/Materials

Include the texts that will be used for the course, making sure to clearly mark which are required and which are recommended. If applicable, include other materials required for the course.

#### Schedule/Calendar of Assignments

This schedule is a description of what is happening each week in class. Make sure to **bold**, underline, or *highlight* significant due dates for papers, projects, exams, quizzes, and finals. Also include in your syllabus dates of special events or guest speakers and school holidays. Keep in mind that if you want your students to perform well on tests and assignments, it is best to give them a clear and stable sense of due dates so that they can plan their time accordingly.

| Week | Date               | Topic                                 | Reading Due                          |
|------|--------------------|---------------------------------------|--------------------------------------|
| 1    | 1/8/XX-<br>1/12/XX | XXXXXXX<br><b>Quiz, Chapters 1 -3</b> | Chapters 1 – 3 in<br><i>textbook</i> |

#### SAMPLE SYLLABUS

Name of Course:  
Days and Times:  
Location:  
Instructor Information:  
Course Description:  
Texts/Materials:  
Schedule/Calendar:

# ADVISORY COMMITTEE MEMBERSHIP

## Use a separate form for each advisory committee member

Exempt pre-license schools include: Real Estate, Tax, Insurance, Massage, Tattoo, Permanent Color, Electrology, Paramedic, Radiologic Technology, Mortgage Lending

Each committee shall be comprised of no less than three members knowledgeable in the occupational area being offered by the school. They must have no financial

School Name: \_\_\_\_\_

Program Evaluated: \_\_\_\_\_

### COMMITTEE MEMBERSHIP

1. Person employed in a supervisory capacity in the occupation served by the program.

|                  |  |
|------------------|--|
| Name and Title   |  |
| Occupation       |  |
| Name of Business |  |
| Business Address |  |
| Business Phone   |  |

2. Person employed in the occupation served by the program.

|                  |  |
|------------------|--|
| Name and Title   |  |
| Occupation       |  |
| Name of Business |  |
| Business Address |  |
| Business Phone   |  |

3. Person employed in the occupation served by the program.

|                  |  |
|------------------|--|
| Name and Title   |  |
| Occupation       |  |
| Name of Business |  |
| Business Address |  |
| Business Phone   |  |

Attach information for any other advisory committee members on an additional sheet.

For each member, include a résumé that shows present occupations and training experience.

# ADVISORY COMMITTEE RATING

## Attach one completed form from each Advisory Committee Member

Exempt pre-license schools include: Real Estate, Tax, Insurance, Massage, Tattoo, Permanent Color, Electrology, Paramedic, Radiologic Technology, Mortgage Lending

School Name: \_\_\_\_\_

Program Evaluated: \_\_\_\_\_

Please complete this rating form for the program indicated. The rating form lists a series of questions that should help you determine the major elements of the program. Use the following scale to answer each question.

5 SUPERIOR—OUTSTANDING  
4 ABOVE AVERAGE  
3 SATISFACTORY—REFLECTS PASSING OR MINIMUM STANDARDS  
2 UNSATISFACTORY—BELOW MINIMUM STANDARD BUT CAPABLE OF BEING IMPROVED IN A RELATIVELY SHORT PERIOD OF TIME OR BY MAKING MINOR CHANGES.  
1 EXTREMELY POOR—CANNOT BE CORRECTED WITHOUT MAJOR CHANGE OR EFFORT  
0 NOT APPLICABLE—UNABLE TO OBSERVE OR JUDGE

1. Educational Objectives: Are the objectives of the program related to the expectations of the job or profession?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5                        | 4                        | 3                        | 2                        | 1                        | 0                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Outcomes of the Program: Does the program address the necessary skills and level of competence required for job entry level?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5                        | 4                        | 3                        | 2                        | 1                        | 0                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Scope of Instruction: Is there sufficient coverage and proper scheduling in classroom and practical laboratory subjects? Is there a good balance of theory and practical work?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5                        | 4                        | 3                        | 2                        | 1                        | 0                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Instructional Materials: Are classroom and laboratory materials up-to-date? Is instructional material accurate?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5                        | 4                        | 3                        | 2                        | 1                        | 0                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## Advisory Committee Rating (Continued)

School Name: \_\_\_\_\_

Program Evaluated: \_\_\_\_\_

5. Qualification for Employment: Does the program provide graduates with the necessary skills and knowledge to qualify for employment?

5                      4                      3                      2                      1                      0  
                                                                                                             

6. Qualifications of Instructors: Do the instructors have the necessary training and experience to teach the curriculum? Is there an adequate number of instructors?

5                      4                      3                      2                      1                      0  
                                                                                                             

7. Availability of Supporting Personnel: Are there sufficient administrative, clerical, and maintenance supporting personnel and services?

5                      4                      3                      2                      1                      0  
                                                                                                             

8. Adequacy of Physical Facilities: Are all areas of the school adequate to meet the instructional needs of the program? Are they hygienic? Safe? Are there adequate washrooms, restrooms? Is there sufficient space, heat, light, and ventilation?

5                      4                      3                      2                      1                      0  
                                                                                                             

9. Availability of Instructional Resources: Are there adequate library resources? Is sufficient audio-visual equipment provided? Are there sufficient tools and proper equipment for practical training and are they common to the occupation being taught? Is the machinery equipped with proper safety devices? Does the school use current computer and software to meet the needs of current expectations in this field?

5                      4                      3                      2                      1                      0  
                                                                                                             

10. Adequacy of Student Progress Records: Does proposed record keeping process record attendance, grades/credits, courses attended, dates of enrollment, and withdrawal or completion?

5                      4                      3                      2                      1                      0

## Advisory Committee Rating (Continued)

School Name: \_\_\_\_\_

Program Evaluated: \_\_\_\_\_

11. Provisions for Student Transcripts: Do all students receive upon completion or withdrawal an official copy of all courses attended, grades/credits, dates of enrollment, accreditation if applicable, and notation of completion or withdrawal?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5                        | 4                        | 3                        | 2                        | 1                        | 0                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. Providing of Diploma/Certificate: Do the diplomas/certificates indicate the name of the school, specific program completed, date, signature of appropriate school official, and a listing of skills and knowledge acquired in the program?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5                        | 4                        | 3                        | 2                        | 1                        | 0                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments:

Committee Member: \_\_\_\_\_  
*(Please Print Name and Title)*

I have personally reviewed the objectives, curriculum materials and methods, facilities, personnel qualifications, and records, and I believe the school can provide a quality educational program. I understand that I might be contacted by a member of the Private Career School staff to discuss any questions about this school.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*