



# MIAMI-DADE COUNTY PUBLIC SCHOOLS EVALUATION OF CAREER TECHNICAL PROGRAM



SHOP/LAB ROOM NUMBER	TEACHER(S)	DAY	EVENING
NAME OF ADVISORY COMMITTEE			

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

<u>CATEGORIES</u>	<u>ACCEPTABLE</u>	<u>UNACCEPTABLE</u>	<u>NA</u>	
<b>PHYSICAL FACILITIES</b>				<b>PHYSICAL FACILITIES COMMENTS:</b>
Adequate Size	[ ]	[ ]	[ ]	_____
Lighting	[ ]	[ ]	[ ]	_____
Ventilation	[ ]	[ ]	[ ]	_____
Adequate Electrical Service	[ ]	[ ]	[ ]	_____
Furnishings for Instructor	[ ]	[ ]	[ ]	_____
Storage	[ ]	[ ]	[ ]	_____
General Housekeeping	[ ]	[ ]	[ ]	_____
Organization/Arrangement	[ ]	[ ]	[ ]	_____
Safety Aspects	[ ]	[ ]	[ ]	_____
Restroom Locker Area	[ ]	[ ]	[ ]	_____
<b>EQUIPMENT</b>				<b>EQUIPMENT COMMENTS:</b>
Age/Condition	[ ]	[ ]	[ ]	_____
Appropriateness	[ ]	[ ]	[ ]	_____
Safety Devices	[ ]	[ ]	[ ]	_____
Quantity	[ ]	[ ]	[ ]	_____
Utilization/Arrangement	[ ]	[ ]	[ ]	_____
Availability	[ ]	[ ]	[ ]	_____
<b>MATERIALS/SUPPLIES/TOOLS</b>				<b>MATERIALS/SUPPLIES/TOOLS COMMENTS:</b>
Appropriateness	[ ]	[ ]	[ ]	_____
Condition	[ ]	[ ]	[ ]	_____
Quantity	[ ]	[ ]	[ ]	_____
Utilization	[ ]	[ ]	[ ]	_____
Availability	[ ]	[ ]	[ ]	_____
Security/Control	[ ]	[ ]	[ ]	_____
Safety Aspects	[ ]	[ ]	[ ]	_____
Prompt Delivery of Supplies	[ ]	[ ]	[ ]	_____
Adequate Supplies Ordered	[ ]	[ ]	[ ]	_____
<b>ADMINISTRATIVE SUPPORT</b>				<b>ADMINISTRATIVE SUPPORT COMMENTS:</b>
Program Promotion	[ ]	[ ]	[ ]	_____
Clerical	[ ]	[ ]	[ ]	_____
Custodial Services	[ ]	[ ]	[ ]	_____
Frequency of Visits by County Level Staff	[ ]	[ ]	[ ]	_____
Frequency of Visits by School Level Staff	[ ]	[ ]	[ ]	_____
Scheduling of Students	[ ]	[ ]	[ ]	_____
Class Size	[ ]	[ ]	[ ]	_____



# MIAMI-DADE COUNTY PUBLIC SCHOOLS EVALUATION OF CAREER TECHNICAL PROGRAM



**CURRICULUM/INSTRUCTION SUPPORT**

Occupational Specialist/	[ ]	[ ]	[ ]
Counselors Visits			
Up-to-date Course Outlines	[ ]	[ ]	[ ]
Relevant Resource Material	[ ]	[ ]	[ ]
Placement/Follow-up Reports	[ ]	[ ]	[ ]
Industry Visit Reports	[ ]	[ ]	[ ]
Audio Visual Equipment	[ ]	[ ]	[ ]
Upgrading of Instructors on	[ ]	[ ]	[ ]
Regular Basis			

**CURRICULUM/INSTRUCTION SUPPORT COMMENTS:**

---



---



---



---

**PROGRAM PERFORMANCE**

Number of Students Enrolled	[ ]	[ ]	[ ]
Ratio of Enrollment to Completers	[ ]	[ ]	[ ]
Ratio of Completers or Leavers	[ ]	[ ]	[ ]
To those employed in Industry			

**PROGRAM PERFORMANCE COMMENTS:**

---



---

Summary of Program Strengths:

---

Recommendations for Improvement:

---

Occupational Advisory Committee  
Chairperson:

---

Print Name

Signature

Date