

# COUNCIL ON AVIATION ACCREDITATION AVIATION PROGRAM EVALUATION FORM FORM 108

Institution \_\_\_\_\_ Department \_\_\_\_\_

Program(s): \_\_\_\_\_

Program Type: 2 Yr \_\_\_\_ 4 Yr \_\_\_\_ Degree Awarded \_\_\_\_\_

Day \_\_\_\_ Evening \_\_\_\_ Off Campus Location (specify) \_\_\_\_\_ Other \_\_\_\_\_

Evaluated by: \_\_\_\_\_ Date \_\_\_\_\_

This form is for the use of individual team members in collecting data and information for use in the preparation of the comprehensive visitation report. A copy of this form should be left with the Team Chairperson at the conclusion of the visit. All information should apply to the program being evaluated and should be coordinated with the material from the Self-Study Evaluation Form wherever possible.

**1. Physical Facilities for the program observed.** (Check appropriate items and add other comments.)

Office Space:	<input type="checkbox"/> Single Person	<input type="checkbox"/> Generous	<input type="checkbox"/> Central Location	<input type="checkbox"/> Adequate Privacy
	<input type="checkbox"/> Double Person	<input type="checkbox"/> Adequate	<input type="checkbox"/> Separated from classes & labs	<input type="checkbox"/> Inadequate Privacy
Classrooms:	<input type="checkbox"/> Adequate Space	<input type="checkbox"/> Modern Furnishings	<input type="checkbox"/> Well Lighted	
	<input type="checkbox"/> Inadequate Space	<input type="checkbox"/> Worn out Furnishings	<input type="checkbox"/> Poorly Lighted	
Classrooms:	<input type="checkbox"/> Facilities Adequate	<input type="checkbox"/> Centralized Location	<input type="checkbox"/> Conducive to Learning	
	<input type="checkbox"/> Facilities Inadequate	<input type="checkbox"/> Separated Location	<input type="checkbox"/> Non-Conducive Atmosphere	
Campus Labs:	<input type="checkbox"/> Well Equipped	<input type="checkbox"/> Equipment Current	<input type="checkbox"/> Sufficient Quantity	<input type="checkbox"/> Adequate Space
	<input type="checkbox"/> Poorly Equipped	<input type="checkbox"/> Equipment Outdated	<input type="checkbox"/> Insufficient Quantity	<input type="checkbox"/> Inadequate Space
Airport Facilities	<input type="checkbox"/> Convenient to Campus	<input type="checkbox"/> Adequate Space	<input type="checkbox"/> Well Equipped	
	<input type="checkbox"/> Remote from Campus	<input type="checkbox"/> Inadequate Space	<input type="checkbox"/> Poorly Equipped	
Aircraft/Simulators	<input type="checkbox"/> Sufficient Quantity	<input type="checkbox"/> Current/Well Equipped	<input type="checkbox"/> Well Maintained	
Flight Training Devices:	<input type="checkbox"/> Insufficient Quantity	<input type="checkbox"/> Outdated/Poorly Equipped	<input type="checkbox"/> Poorly Maintained	
Computer Facilities:	<input type="checkbox"/> Well Equipped	<input type="checkbox"/> Equipment Current	<input type="checkbox"/> Sufficient Quantity	<input type="checkbox"/> Adequate Space
	<input type="checkbox"/> Poorly Equipped	<input type="checkbox"/> Equipment Outdated	<input type="checkbox"/> Insufficient Quantity	<input type="checkbox"/> Inadequate Space

Identify types and numbers of computers available for students and/or faculty usage.

**2. Faculty**

Workload	Range	Institution Normal
Credit Hours		
Contact Hours		
Laboratory Size		
Class Size		
Advisers		

Describe other assigned duties and committee assignments:

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Estimate of hours per week for other duties and assignments:

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Academic qualifications: qualitative appraisal of academic background, mixture of technical specialties, etc. (use extra sheets if necessary)

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Recent applicable technical, aviation and/or professional experienced:

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Evaluation of professional development, including professional society membership activities:

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Attitude and morale:

Faculty attitude toward:

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|--------------------|--------------------------|-----------|--------------------------|--------------|--------------------------|------|
| the students       | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Satisfactory | <input type="checkbox"/> | Poor |
| the program        | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Satisfactory | <input type="checkbox"/> | Poor |
| the administration | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Satisfactory | <input type="checkbox"/> | Poor |
| their peers        | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Satisfactory | <input type="checkbox"/> | Poor |

Faculty members are readily available to students.  All  Most  Some  Few

**3. Department Chairperson's Statement of the Objectives of the Program**

Attach copy of the Objective's statement to this form if it is different than the one provided in the Self-Study Form. If the statement in the Self-Study is correct indicate by checking here ( ).

**4. Analysis of Curricular Material and Student Work Exhibited**

Textbooks:	<input type="checkbox"/>	All	<input type="checkbox"/>	Some	<input type="checkbox"/>	None are current
Course outlines displayed were	<input type="checkbox"/>	Sufficient	<input type="checkbox"/>	Insufficient		
	<input type="checkbox"/>	Current	<input type="checkbox"/>	Out of date		
Homework was:	<input type="checkbox"/>	Sufficient	<input type="checkbox"/>	Insufficient		
	<input type="checkbox"/>	Current	<input type="checkbox"/>	Out of date		
Problem sets were:	<input type="checkbox"/>	Sufficient	<input type="checkbox"/>	Insufficient		
	<input type="checkbox"/>	Current	<input type="checkbox"/>	Out of date		

Elaborate on deficiencies:

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Does the work displayed show that the curriculum is being updated periodically? Explain.

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Do the courses and laboratories include current aviation industry practices? Explain.

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Describe the quality of student work: (examinations, homework, project reports). Include an analysis of quantity, type and quality of the student work.

	Sufficient Quantity		Acceptable Quality		
	Yes	No	Yes	No	Marginal
Examinations					
Homework					
Project Reports					
Lab Reports					
Other					

Oral and Written Communication Skills:

Adequacy of Command of English    ( )    Good    ( )    Marginal    ( )    Poor    ( )    Unacceptable  
 Writing Skills:    ( )    Good    ( )    Marginal    ( )    Poor    ( )    Unacceptable  
 Instructors marked spelling and grammatical errors.    ( )    All    ( )    Some    ( )    No

Describe deficiencies and marginal items:

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**5. Quantitative Analysis of the Curriculum Content with Respect to Established Standards**

Subject	Total Credit Hours	CAA Requirements	
		Associate	Baccalaureate
General Education			
Math & Science			
Computer Science			
Business & Mgmt			
Aviation Core			
Aviation Options:			
Aviation Mgmt			
Aviation Maint			
Aviation Elec			
Aviation Studies			
Flight Education			

Does the program comply with the applicable CAA Standards? \_\_\_ Yes \_\_\_ No

Describe any variances:

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**6. Students**

Students participate in extracurricular activities      ( ) Most      ( ) Some      ( ) Few

Attitude and morale:

Student attitude toward:

    the faculty                      ( ) Excellent      ( ) Satisfactory      ( ) Poor  
    the program                    ( ) Excellent      ( ) Satisfactory      ( ) Poor  
    the administration            ( ) Excellent      ( ) Satisfactory      ( ) Poor





**9. Initial Placement of the Graduates from the Curriculum**

Is the curriculum satisfactory for the available jobs?

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List typical beginning job titles for graduates:

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Average beginning salaries: \$\_\_\_\_\_per year

Was information available on graduates to provide a fair evaluation of employer satisfaction?  
Yes No                      Of graduate's satisfaction? Yes No

List sources of data used:

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**10. Follow-up on Graduates from the Program**

Describe and evaluate the efforts to obtain follow-up information from graduates with respect to both the program and the curriculum.

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**11. Liaison with Local, Regional and National Employers**

Is there an active Aviation Advisory Committee ( ) Yes ( ) No Describe:  
for the program?

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Have employment studies been made? ( ) Yes ( ) No Describe:

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Does the aviation industry provide financial support for the program? Describe:

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Do faculty members have frequent contacts with aviation industry firms and representatives? Describe:

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What other means are used to keep the curriculum current? Describe:

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**12. Financial Support**

Is there adequate institution financial support?  Yes  No

Does the program receive financial support comparable with other programs  Yes  No

Describe any outside financial support of the program.

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**13. Support Services**

Is there adequate secretarial assistance?  Yes  No

Is there adequate assistance in laboratories:  Yes  No

Is equipment maintained adequately?  Yes  No

For any "No" listed, describe the inadequacy:

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**14. Library Support the Program**

Is the collection of technical books, periodicals and non-print media adequate to support the program?  Yes  No

Are the materials sufficiently varied in scope and level?  Yes  No

Are materials current and have obsolete materials been removed?  Yes  No

Is there evidence of sufficient student use of the library?  Yes  No

Are there reference materials in the laboratories for this program?  Yes  No

If so, is there evidence of student use of these materials?  Yes  No

Describe any deficiencies noted above, and any other unusual problems associated with library services as they may affect this program:

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**15. Corrective Action on Previous Council on Aviation Accreditation Recommendations**

Were recommendations of corrective action made following a previous visit?  Yes  No  
If so, have they been addressed satisfactorily?  Yes  No

Describe any deficiencies still outstanding. Also describe any recommendations not followed but satisfactorily answered by the institution:

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**16. CAA Reference in Institutional Literature**

Review all references to CAA in institutional publications and online URL's.

Is reference accurate?  Yes  No  
Does reference comply with CAA Standard 2.4 & 2.4.1?  Yes  No

Comment \_\_\_\_\_

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Do all references refer only to specific programs accredited?  Yes  No

Comment \_\_\_\_\_

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# 17. AVIATION PROGRAM SAFETY CHECKLIST

## ACCIDENT/INCIDENT HISTORY

Please list any accidents involving death or injury to students in the past five years.

Date \_\_\_\_\_ Type: Flight \_\_\_\_\_ Ground \_\_\_\_\_

Brief Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Fatalities \_\_\_\_\_ Number of persons injured \_\_\_\_\_

NTSB Report # \_\_\_\_\_ (if applicable) Other report on file (specify) \_\_\_\_\_

Federal or State Violations Filed (specify agency and result) \_\_\_\_\_  
\_\_\_\_\_

Describe Changes in Operations or Procedures as a Result of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the Aviation Program have a written safety plan? If so, describe the program including operational areas covered (e.g. Flight, Maintenance Labs, Airport Ramp and Fueling):

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

Does the Aviation Program have a designated Safety Officer/Committee? Yes  No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Does the Aviation Program have a Safety Hazard Incident reporting system where students and instructors can routinely report incidents, occurrences or other safety hazards? Yes  No

If yes, describe how the information and any analysis is used to support the Safety Program.

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