



## Site Visit Check List

Date: \_\_\_\_\_

Key School: \_\_\_\_\_

Address: \_\_\_\_\_

School Contact(s) During Visit: \_\_\_\_\_

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

FPEF Auditor: \_\_\_\_\_

Other FPEF Visitor(s): \_\_\_\_\_

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

**Please complete a new Key School Application even though this school is already accredited. That application will contain the detailed information about the program, courses, and instructors. After completion, please attach the application to this report.**

	Poor									Excellent
Please rate the Classroom facilities:	1	2	3	4	5	6	7	8	9	10
Staff:	1	2	3	4	5	6	7	8	9	10
the Lab facilities:	1	2	3	4	5	6	7	8	9	10
other materials:	1	2	3	4	5	6	7	8	9	10
Overall:	1	2	3	4	5	6	7	8	9	10

Were the overall staff, materials and facility adequate to support the Fluid Power program:

Yes \_\_\_\_\_ No \_\_\_\_\_

Additional needs: \_\_\_\_\_

\_\_\_\_\_

Indicate the administration's plan for growth in programs that include fluid power:

\_\_\_\_\_

\_\_\_\_\_

Were you able to meet with students: Yes \_\_\_\_\_ No \_\_\_\_\_

Were you able to present scholarships: Yes \_\_\_\_\_ No \_\_\_\_\_

If so please list the recipients, scholarship details and attach photographs with captions if possible:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other noteworthy activities or materials:

\_\_\_\_\_

\_\_\_\_\_

What does this Key School want from the Foundation:

Financial Scholarships: Yes \_\_\_\_\_ No \_\_\_\_\_ Student Resumes: Yes \_\_\_\_\_ No \_\_\_\_\_

Industry Contacts: Yes \_\_\_\_\_ No \_\_\_\_\_ Career Brochure: Yes \_\_\_\_\_ No \_\_\_\_\_

Video Tapes: Yes \_\_\_\_\_ No \_\_\_\_\_ Curriculum Guide: Yes \_\_\_\_\_ No \_\_\_\_\_

Contacts for external resources and materials: Yes \_\_\_\_\_ No \_\_\_\_\_

Other (please describe): \_\_\_\_\_

\_\_\_\_\_

**Enrollment:**      **F P Course**      **Number of Students**      **F P Course**      **Number of Students**

\_\_\_\_\_

**F P Course**      **Number of Students**      **F P Course**      **Number of Students**

\_\_\_\_\_

**Number of Graduates for the last three years:** \_\_\_\_\_

**Please attach addresses and job history if possible.**

**Please comment on your visit:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Would you recommend this institution for continuing Key School Status: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Signature of Auditor:** \_\_\_\_\_