



Ford PAS Site Visit Pre-Assessment

School Information

Name of school:

Building IRN:

School district:

District IRN:

Administrative Contact:

Name:

Phone number(s):

Email:

Are you currently receiving career technical weighted funding for Ford PAS? Yes No

What EMIS code are you using to report this course to ODE? _____

Is this currently a Tech Prep program? Yes No If yes, which consortium are you affiliated with? _____

Year your school started with Ford PAS? _____

In what grades are you implementing Ford PAS activities?

9th

10th

11th

12th

Have your teachers registered on the Ford PAS web site? Yes No

Have your students registered on the Ford PAS Website?

All students are registered, the number registered is _____

Some students are registered the number registered is _____ out of _____ total

None registered

Teacher Information

| FORD PAS Teacher(s) Name | FORD PAS Modules they are trained to teach | Location(s) and year(s) of training | Ongoing Professional Development (yes/no) |
|-----------------------------|--|--|--|
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Curriculum Information

Which Modules are being taught as complete modules?

- | | | |
|----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 | <input type="checkbox"/> 15 |

Which Modules are you using parts of?

- | | | |
|----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 | <input type="checkbox"/> 15 |

Are you using Ford PAS modules or activities in any academic courses? Yes No

If "yes", please list the courses:

Counselor Information

| Counselor(s) Name | Type of Ford PAS familiarization and training received? | Location(s) and dates(s) of training |
|-------------------|---|--------------------------------------|
| | | |
| | | |

Enrollment Information (current year)

| Module # | Course Name | Enrollment Total | Total females enrolled | Total males enrolled |
|----------|-------------|------------------|------------------------|----------------------|
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Business/Education Advisory Council Information

| Member Name | Title/Role | Business Name | Contact Information |
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Technology for School/Program/Class site

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|--|--|
| How many computer labs are available for the program/class? | |
| How many students per computer? | |
| How reliable is the internet access at the school site? Scale: 1= Not Reliable, 5= Very reliable | |
| Teacher proficiency in the use of computers on average? Scale: 1= Not skillful, 5=Highly proficient | |

Teacher Experience

Please provide a narrative with specific information addressing the following areas:

- What worked well? What challenges did you encounter?
- Did you use the available technology during the teaching of modules (web site resources/software, etc.)?
- Did you make any modifications/adaptations to the modules or any changes to your original implementation plan?
- Did you implement any of the Coordinated Learning Experiences (CLEs)? How did they connect to the module content?

Please provide a narrative of program highlights, including achievements made, challenges encountered, changes in original plans, and any other relevant information you wish to provide.