|  |  |
| --- | --- |
| **Name of MTI / AC:** | **Date of Monitoring:** |
| **Address of MTI/AC:****Zipcode:** | **Contact Number:** | **Date last Monitored:** |

**Monitoring Information:**

|  |  |  |
| --- | --- | --- |
| Course(s) / Assessment of Competence Monitored: | Lead Evaluator: | Member Evaluator: |
|  |  |  |

**Quality Standards System Certificate:**

|  |  |  |  |
| --- | --- | --- | --- |
| Certificates: | Issued by: | Date of issue: | Expiry date: |
|  |  |  |  |

**Monitoring Log:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date/Time: | Respondent: | Activities/Areas of Evaluation: | Name of Evaluator: |
|  |  |  |  |

**Summary OF Monitoring Findings:**

|  |
| --- |
| **FOR MTIs** |
| **No.** | **Key Areas of Evaluation**  | **PA**  | **NC**  | **OBS**  |
| I. | Quality Standards System (QSS) | [ ]  | [ ]  | [ ]  |
| II | Course Package | [ ]  | [ ]  | [ ]  |
| III. | Teaching Method and Media of Delivery | [ ]  | [ ]  | [ ]  |
| IV. | Examination and Assessment | [ ]  | [ ]  | [ ]  |
| V. | Instructors and Assessors | [ ]  | [ ]  | [ ]  |
| VI. | Admission and Registration | [ ]  | [ ]  | [ ]  |
| VII. | Facilities | [ ]  | [ ]  | [ ]  |
| VIII. | Training Equipment, Supplies, and Materials | [ ]  | [ ]  | [ ]  |
| IX. | Simulators | [ ]  | [ ]  | [ ]  |

|  |
| --- |
| **FOR ACs** |
| **No.** | **Key Areas of Evaluation**  | **PA**  | **NC**  | **OBS**  |
| I. | Quality Standards System (QSS) | [ ]  | [ ]  | [ ]  |
| II. | Design, Review and Validation, Approval and Control of Assessment Instruments | [ ]  | [ ]  | [ ]  |
| III. | Conduct of Practical Assessment | [ ]  | [ ]  | [ ]  |
| IV. | Assessors and Support Staff | [ ]  | [ ]  | [ ]  |
| V. | Admission, Registration | [ ]  | [ ]  | [ ]  |
| VI. | Facilities | [ ]  | [ ]  | [ ]  |
| VII. | Simulator and Equipment | [ ]  | [ ]  | [ ]  |

**Monitoring Report:**

|  |  |  |
| --- | --- | --- |
| Key Areas | Description of Findings: | Classification of Findings |
|  |  |  |

**NOTE:** In case of a Prohibited Act found during the monitoring activity, the Monitoring Team shall make a separate report and immediately submit the same to the Executive Director for appropriate action.

|  |  |
| --- | --- |
| **Team Leader** |  |
|  | Signature Over Printed Name |
| **Team Members** |  |
|  | Signature Over Printed Name |
|  |  |
|  | Signature Over Printed Name |
|  |  |
|  | Signature Over Printed Name |
|  |  |
|  | Signature Over Printed Name |

**Acknowledged by:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MTI/AC Head or Authorized Representative**