Pennsylvania
Department of Transportation

SELF ASSESSMENT FOR INSPECTION SCHOOLS

(The space above is for Department use only)
Bureau of Motor Vehicles • Vehicle Inspection Division
PO Box 68696 • Harrisburg, PA 17106-8696

The primary goal of the Schools and Instructors Unit of the Vehicle Inspection Division is to help ensure the safety of Pennsylvania roads through quality training of certified vehicle inspectors. To accomplish this, it is important that we track data and make curriculum adjustments based on this data. Please complete this form for the previous school year. This completed form should be returned to the Schools and Instructors Unit no later than September 30th.

Please complete and return, via e-mail, to inspectionschools@pa.gov or mail to:

PennDOT - VID
PO Box 68696
Harrisburg, PA 17106-8696
ATTN: Schools and Instructors

VEMIS #	County	Date
Complete School Name		

Mailing Address	City	State	Zip Code

Name and Title of Person Completing this Form	Signature

E-mail Address	Phone Number	Fax Number

Main Contact	Email Address

Are the phone and fax numbers for the main contact the same as the main school? . . . . ❏ Yes ❏ No

If no, list phone number:	If no, list fax number:

Administrator	Email Address

Are the phone and fax numbers for the Administrator contact the same as the main school? . . . . ❏ Yes ❏ No

If no, list Administrator phone number:	If no, list Administrator fax number:

Director	Email Address

Are the phone and fax numbers for the Director contact the same as the main school? . . . . ❏ Yes ❏ No

If no, list Director phone number:	If no, list Director fax number:

How do you make copies of the Vehicle Equipment and Inspection Regulations Manuals available to your students?

How do you make your students aware of updates available on the website www.pa.gov/dmv?

How do you ensure that you are using the most recent versions of the forms used for registering students and the PennDOT forms used to apply for their certification? (Forms MV-409, MV-409S, MV-501, MV-502)

Do you have a current, electronic copy of the Safety Inspection School and Station Fact Sheet? . . . . ❐ Yes   ❐ No

Do you distribute the Safety Inspection School and Station Fact Sheet to your students? . . . . ❐ Yes   ❐ No

Which edition(s) of the written exams and instructor's guides did you use this year?

Are your student files kept in a locked drawer housed behind a locking door? . . . . ❐ Yes   ❐ No

Do your student files include the following?

❐ Registration Information   ❐ Identification Validation   ❐ Tuition Payment Receipts   ❐ Completed Exams   ❐ Tactile Test Worksheets

How many students can be seated in the classroom where you present the theory portion of class? . . . . _____

Is there a whiteboard, smartboard or chalkboard installed for use during instruction? . . . . ❐ Yes   ❐ No

How are your students trained to aim headlights? (Please specify equipment)

How many vehicles do you have dedicated to safety inspection testing? **(Please include a copy of your documentation of the "bugs" on each vehicle used during tactile testing when you return this packet.)**

Regarding Scheduling - Please enter a numerical value in the box to the right of each:

Safety classes offered:	
Safety classes conducted:	
Emissions classes offered:	
Emissions classes conducted:	
Emissions re-certification opportunities offered:	
Emissions re-certification opportunities conducted:	

What do you feel was successful for your school in terms of scheduling this year?

What changes do you intend to make in terms of scheduling for next year?

Regarding Fees - Please enter a dollar amount in the box to the right of each:

Safety Baseline plus one Category for full-time students:	$
Safety Baseline plus one Category for part-time students:	$
Additional Category for full-time students:	$
Additional Category for part-time students:	$
Re-Test, (for students needing to repeat only the exam):	$
Emissions Certification for full-time students:	$
Emissions Certification for part-time students:	$
Emissions Re-Certification for full-time students:	$
Emissions Re-Certification for part-time students:	$

Regarding Student Demographics - Please enter a numerical value in the box to the right of each:

Total students in all classes:	
Number of new students, (never certified before):	
Number of returning students, (certification has lapsed):	
Number of remedial students, (previously failed):	
Number of students identified with learning or language difficulties:	
Number of alumni adding a category:	

What do you feel is significant about your student population?

What factors do you feel contributed to your numbers?

Regarding Success Rate - Please enter a numerical value in the box to the right of each:	
Total number of students taking the BASELINE exam:	
Pass:	
Fail:	
Total number of students taking the CATEGORY 1 exam:	
Pass:	
Fail:	
Passed the written exam but failed the tactile exam:	
Total number of students taking the CATEGORY 2 exam:	
Pass:	
Fail:	
Passed the written exam but failed the tactile exam:	
Total number of students taking the CATEGORY 3 exam:	
Pass:	
Fail:	
Passed the written exam but failed the tactile exam:	
Total number of students taking the CDR exam:	
Pass:	
Fail:	

What is significant about your success rate?

What factors contributed to your numbers?

What assistance could PennDOT offer that you feel would be most helpful in this aspect? **NOTE: Please attach additional pages to expand on anything you feel is important.**