Program Review Process

|  |  |  |  |
| --- | --- | --- | --- |
| Month | Date | Action | Who |
| August |  | Notify faculty of 2024 Program Review (PR) include previous review, template for 2024, timeline, and expectations | CAO sends this out to faculty, chair, and dean |
| October |  | One-on-one with Becca on Assessment expectations for PR | Faculty make appointment with Director of Institutional Assessment & Accreditation |
| December |  | Mike request IR data on 6-year graduates and majors |  |
| February |  | Faculty meet with chair & dean on progress | Faculty, chair, and dean |
| March |  | Submit first draft to Academic Affairs (AA) | Faculty submit to AA for reviews and suggest changes |
| April |  | Final copy reviewed by AA and Submitted to IBOG AA Subcommittee | IBOG AA subcommittee |
| April or May |  | IBOG approval | IBOG |
| May |  | Signed Reviews submitted to Charleston | CAO |

[Program Review Template](#ProgramReviewTemplate)

[Post Audit Template](#PostAuditTemplate)

****

**Program Review 2023-2024**

|  |
| --- |
| **Name and degree level of program:**  Click or tap here to enter text. |
| **Synopsis of significant findings, including findings by external reviewers:**  Click or tap here to enter text. |
| **Plans for program improvements, including timeline:**  Click or tap here to enter text. |
| **Identification of weakness or deficiencies from the previous review and status of improvements implemented and accomplished:**  Click or tap here to enter text. |
| **Five-year trend data on graduates and majors enrolled:**  Click or tap here to enter text. |
| **Summary of assessment model and how the results are used for program improvement:**  Click or tap here to enter text. |
| **Data on student placement (example, number of students employed in positions related to the field of study or pursuing advance degrees):**  Click or tap here to enter text. |
| **Final recommendation approved by the board:**             Approval for continuation of the program            Approval with concerns, see below:             Board recommends termination of the program  Notes:  Click or tap here to enter text. |

**Post-Audit Review**

West Virginia Council for Community and Technical College Education

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program (Degree and Title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. Introduction

Provide a narrative regarding your program (including information for any options or tracks), its nature, unique characteristics, etc. Please limit to one page. It is appropriate to use the catalog description.

II. Goals and Objectives

Identify the goals and objectives of the program. Document the need that the program was implemented to meet.

III. Assessment

1. Summarize the principal elements of the departmental assessment plan. The plan must include elements to assess student learning and programmatic outcomes.
2. Provide information on the following elements:

* Educational goals of the program
* Measures of evaluating success in achieving goals
* Identification of the goals which are being successfully met and those which need attention as determined by an analysis of the data

1. Provide information on how assessment data is used to improve program quality. Include specific examples.

IV. Curriculum

A.Include a summary of degree requirements (including entrance standards and exit standards) and provide commentary on significant features of the curriculum.

B. Provide a list of courses along with the number of credit hours required for each course. Include specific course titles and numbers. Label as Appendix I.

C. Submit a listing of the course delivery modes.

V. Faculty

Submit information on the total number of full-time and part-time faculty utilized per year to deliver the program. Use Appendix II forms. The narrative should summarize points relating to faculty teaching courses within the major (percentage of faculty holding tenure, extent of use of part-time faculty, level of academic preparation, etc.) Data on part-time faculty may be abbreviated, but should minimally include academic degree held and list of courses taught.

VI. Enrollment and Graduates

A. Submit data indicating the headcount and full-time equivalency (FTE) enrollment along with the number of graduates for each year the program has been in existence.Label as Appendix III.

B. Provide information on graduates in terms of places of employment, starting salary ranges, and number employed in the field of specialization. Include evidence and results of follow-up studies of graduates and employers. The studies should indicate graduate and employer satisfaction with the effectiveness of the educational experience. A summary of the results to be included should indicate the number of individuals surveyed or contacted and the number of respondents.

C. Present information on the success of graduates in achieving acceptance into baccalaureate programs.

**NOTE**: Do not identify students or graduates by name.

VII. Financial

A. Indicate the annual total expenditures to deliver the program and source(s) of funding for the program. Include departmental resources, state appropriated funds, grants and contracts, state funds and student fees.

B. Identify projection of future resource requirements and source of funding.

VIII. Advisory Committee

List all advisory committee members. Provide information on how the advisory committee has been utilized for program improvement.

IX. Accreditation

Is an accreditation process available in this field of study? If so, what is the accreditation status of the program?

11/20/03

**APPENDIX II**

**Faculty Data**

*(No more than* ***TWO*** *pages per faculty member)*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one:

Full-time\_\_\_\_\_ Part-time\_\_\_\_\_ Adjunct\_\_\_\_\_ Graduate Asst.\_\_\_\_\_

Highest Degree Earned \_\_\_\_\_\_\_\_\_\_ Date Degree Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conferred by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of Specialization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional registration/licensure \_\_\_\_\_ Yrs of employment at present institution \_\_\_\_\_\_

Yrs of employment in higher education \_\_\_\_\_ Yrs of related experience outside higher

education \_\_\_\_\_\_

Non-teaching experience \_\_\_\_\_

To determine compatibility of credentials with assignment:

(a) List courses you taught this year and those you taught last year: (If you participated in team-taught course, indicate each of them and what percent of courses you taught.) For each course include year and semester taught, course number, course title and enrollment.

|  |  |  |
| --- | --- | --- |
| **Year/Semester** | **Course Number & Title** | **Enrollment** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

(b) If degree is not in area of current assignment, explain.