

**Academic Program Review of:**

**for Academic Year -**

# PART ONE: PROGRAM OVERVIEW

1. **PROGRAM MISSION STATEMENT.**

Click or tap here to enter text.

1. **PROGRAM** **GOALS.** How is this program accomplishing its mission?

***Examples:*** *1.) The program will graduate a minimum of fifteen students over a three-year period. 2.) Program enrollment will reach 7% of LIT’s overall enrollment by Fall 2023.*

Click or tap here to enter text.

1. **PROGRAM LEVEL OUTCOMES (PLOs).** Upon completion of this program, the student will be able to:

***Examples:*** *1.) Explain environmental terminology and identify EPA regulations and guidelines. 2.) Demonstrate proficiency in the use of a computerized accounting program to perform essential bookkeeping tasks covering all aspects of the accounting process. 3.) List the procedures used in various types of evidence discovery and examination. 4.) Demonstrate the ability to perform tests for adequate air flow and calculate balance point and C.O.P. (co-efficiency of performance).*

Click or tap here to enter text.

1. **PROGRAM NEED AND/OR DEMAND.**

Click or tap here to enter text.

1. **PROGRAMMATIC ACCREDITATION.** Attach documentation, if applicable.

Click or tap here to enter text.

PART TWO: PROGRAM CURRICULUM

1. **DEGREE PLAN(S).** Attach degree plans for all award levels of the program. Identify the capstone experience in each award where applicable.
2. **EMPLOYER AND STUDENT SATISFACTION.**

|  |
| --- |
| **Employer and Student Satisfaction** |
| 1. Is there documentation of Advisory Committee’s satisfaction with the program?
 | Yes [ ]  | No [ ]  |
| 1. Does program conduct a program-specific employer survey?
2. Does program use employer survey results to improve program?
 | Yes [ ] Yes [ ]  | No [ ] No [ ]  |
| 1. Does program conduct a program-specific student survey?
2. Does program use student survey results to improve program?
 | Yes [ ] Yes [ ]  | No [ ] No [ ]  |
| 1. Does program conduct a student evaluation of instruction survey?
2. Does program use student survey results to improve program?
 | Yes [ ] Yes [ ]  | No [ ] No [ ]  |
| 1. What is the overall student satisfaction of instruction rate for the program? *(Provide overall student satisfaction of instruction rate for the last three years.)*
 | AY\_\_ | AY\_\_ | AY\_\_ |
| 0% | 0% | 0% |
| 1. Does program use other employer &/or student satisfaction assessments? *(List additional assessments, if any, in space below.)*
 | Yes [ ]  | No [ ]  |

1. **COURSE SYLLABI.**

|  |
| --- |
| **Course Syllabi** |
| 1. Are the program’s syllabi/addendums on file and online?
 | Yes [ ]  | No [ ]  |
| 1. Are the program’s faculty members following the syllabus template?
 | Yes [ ]  | No [ ]  |
| 1. Are the student learning outcomes (SLOs) correct on the syllabi? See Academic Course Guide Manual (ACGM).
 | Yes [ ]  | No [ ]  |
| 1. Are associated course activities for each SLO included on the syllabi?
 | Yes [ ]  | No [ ]  |
| 1. Are syllabi current and updated regularly?
 | Yes [ ]  | No [ ]  |
| 1. Are syllabi comprehensive?
 | Yes [ ]  | No [ ]  |
| 1. Are course objectives listed on syllabi?
 | Yes [ ]  | No [ ]  |
| 1. Are course objectives stated in behavioral terms?
 | Yes [ ]  | No [ ]  |
| 1. Are course objectives from ACGM listed?
 | Yes [ ]  | No [ ]  |
| 1. Do CORE course syllabi include the CORE objectives?
 | Yes [ ]  | No [ ]  |

1. **TRANSFER, ARTICULATION, AND DUAL ENROLLMENT AGREEMENTS.** Attach documentation, if applicable.

|  |
| --- |
| **Program Linkages and External Agreement Information** |
| 1. Advanced articulated credit
 | AAS [ ]  | Cert [ ]  | N/A [ ]  |
| 1. University transfer
 | AAS [ ]  | Cert [ ]  | N/A [ ]  |
| 1. Inverted degree plans
 | AAS [ ]  | Cert [ ]  | N/A [ ]  |
| 1. Dual enrollment
 | AAS [ ]  | Cert [ ]  | N/A [ ]  |
| 1. Is this program transferable to a four-year institution?
 | Yes [ ]  | No [ ]  |  |
| 1. Does program have other transfer, articulation, or dual enrollment agreements? *(List additional agreements, if any, in space below.)*
 | Yes [ ]  | No [ ]  |  |

# PART THREE: PROGRAM ACCESSIBILITY / VIABILITY

1. **STUDENT RECRUITMENT.** List efforts to recruit students into the program, including efforts to recruit diverse populations and underrepresented groups in non-traditional programs.

Click or tap here to enter text.

1. **TSI RESTRICTIONS.** Of the concentration courses in this degree plan’s requirements, list the courses that have Texas Success Initiative (TSI) restriction(s) and identify the restriction(s).

Click or tap here to enter text.

1. **COURSE PLACEMENT.** What assessments are used to ensure students are placed in the proper courses?

Click or tap here to enter text.

1. **PERFORMANCE REQUIREMENTS.** What requirements does the program have in terms of physical or mental ability, performance assessments, safety standards, and insurability-risk management?

Click or tap here to enter text.

1. **PROGRAM VIABILITY.**

Provide an evaluation of the program’s sustainability using regional market, expected growth in three-five years, and/or mid-to-high wages.

Click or tap here to enter text.

# PART FOUR: PROGRAM RESOURCES

1. **EQUIPMENT.**
2. What is the status of the supplemental learning materials and/or learning aids for this program?

 [ ]  Satisfactory [ ]  Needs Improvement

 Comments:

1. What is the status of the equipment in the program?

 [ ]  Satisfactory [ ]  Needs Improvement

 Comments:

1. What is the status of the computers/software in the program?

 [ ]  Satisfactory [ ]  Needs Improvement

 Comments:

1. **FACILITIES.**
2. What is the status of the space allotted to this program?

 [ ]  Satisfactory [ ]  Needs Improvement

 Comments:

1. **LIBRARY SERVICES.**
2. Analyze the library’s collection in support of the program’s curriculum.

[ ]  Extra funding is required to sufficiently meet the information needs of the program.

Recommendations for additions to the library collection:

Estimated budget impact: $

[ ]  This program does not require new library resources.

1. **FACULTY DEMOGRAPHICS.**

|  |
| --- |
| **FACULTY DEMOGRAPHICS** |
| **Demographic** | **Academic Year****----** | **Academic Year****----** | **Academic Year****----** | **Academic Year****----** |
| **Gender** |
| Male |  |  |  |  |
| Female |  |  |  |  |
| **Faculty Full-Time Equivalent (FTE)** |
| Full-Time |  |  |  |  |
| Part-Time |  |  |  |  |
| **Ethnicity** |
| White |  |  |  |  |
| Black |  |  |  |  |
| Hispanic |  |  |  |  |
| American Indian/Alaskan |  |  |  |  |
| Asian |  |  |  |  |
| **Highest Degree Earned** |
| Doctorate |  |  |  |  |
| Master |  |  |  |  |
| Bachelor |  |  |  |  |
| Associate |  |  |  |  |
| Certificate |  |  |  |  |
| **Tenure Status** |
| Tenured |  |  |  |  |
| Tenure Track |  |  |  |  |
| Non-Tenure Track |  |  |  |  |
| **Total Faculty** |  |  |  |  |

1. **FACULTY CREDENTIALS, EXPERIENCE, AND PROFESSIONAL DEVELOPMENT.**

*Note: Use the following table to provide information for each faculty member in the program. Include full-time and part-time faculty members, along with dual credit instructors of record.*

*Download a Faculty Roster from Xitracs and attach.*

| **FACULTY CREDENTIALS** |
| --- |
| **Faculty Name** | **Full Time or Part Time** | **Highest Degree** | **Discipline** | **Current CV on file?** | **Years Exp in Field: Teaching** | **Years Exp in Field: Industry** |
|  |  |  |  |  |  |   |
| License/Certification(s): Prof. Membership(s): Prof. Dev. Activities (past 3 years):  |
|  |  |  |  |  |  |  |
| License/Certification(s): Prof. Membership(s): Prof. Dev. Activities (past 3 years):  |
|  |  |  |  |  |  |  |
| License/Certification(s): Prof. Membership(s): Prof. Dev. Activities (past 3 years):  |
|  |  |  |  |  |  |  |
| License/Certification(s): Prof. Membership(s): Prof. Dev. Activities (past 3 years):  |
|  |  |  |  |  |  |  |
| License/Certification(s): Prof. Membership(s): Prof. Dev. Activities (past 3 years):  |
|  |  |  |  |  |  |  |
| License/Certification(s): Prof. Membership(s): Prof. Dev. Activities (past 3 years):  |

**PART FIVE: STATISTICAL DATA**

1. **STUDENT HEADCOUNT**.

|  |
| --- |
| **STUDENT HEADCOUNT** |
| **DEMOGRAPHIC** | **Academic Year****----** | **Academic Year****----** | **Academic Year****----** | **Academic Year****----** |
| **By Major** |
| [Enter award name] |  |  |  |  |
| [Enter award name] |  |  |  |  |
| [Enter award name] |  |  |  |  |
| [Enter award name] |  |  |  |  |
| **By Gender** |
| Male |  |  |  |  |
| Female |  |  |  |  |
| **By Status** |
| Full-Time |  |  |  |  |
| Part-Time |  |  |  |  |
| **By Ethnicity** |
| White |  |  |  |  |
| Black |  |  |  |  |
| Hispanic |  |  |  |  |
| American Indian/Alaskan |  |  |  |  |
| Asian |  |  |  |  |
| Other/Unknown |  |  |  |  |
| **Total Student Headcount** |  |  |  |  |

1. **STUDENT-TO-FACULTY RATIO.** Determine the student-to-faculty ratio by dividing the total number of students by the total number of faculty for the past three years.

|  |
| --- |
| **Student-to-Faculty Ratio** |
| **AY ----** |  | to |  |
| **AY ----** |  | to |  |
| **AY ----** |  | to |  |
| **AY ----** |  | to |  |

1. **STUDENT RETENTION RATES.**

|  |
| --- |
| **STUDENT RETENTION**(Number of students who enroll in a fall semesterand return the following semester.) |
| **Academic Year (AY)** | **Number in Cohort\*** | **Number of Students Retained** | **Retention****Rate** |
| **AY ----** | 0 | 0 | 0% |
| **AY ----** | 0 | 0 | 0% |
| **AY ----** | 0 | 0 | 0% |
| **AY ----** | 0 | 0 | 0% |
| **Three Year Average** | **0** | **0** | **0%** |

1. **PROGRAM WITHDRAWALS.** Based on the past three years of student withdrawal feedback, what are the main reasons students are not completing the program?

Click or tap here to enter text.

1. **COURSE OFFERINGS AND CANCELLATIONS.** Provide the number of scheduled course sections for each semester over the past three academic years.

|  |
| --- |
| **COURSE OFFERINGS AND CANCELLATIONS** |
| **Semester per Academic Year** | **TOTAL Number of Sections** | **Number of Day Sections** | **Number of Evening Sections** | **Number of Distance Learning Sections** | **Number of Canceled Sections** |
| Fall ---- |  |  |  |  |  |
| Spring ----  |  |  |  |  |  |
| Summer ----  |  |  |  |  |  |
| Fall ---- |  |  |  |  |  |
| Spring ----  |  |  |  |  |  |
| Summer ----  |  |  |  |  |  |
| Fall ----  |  |  |  |  |  |
| Spring ----  |  |  |  |  |  |
| Summer ---- |  |  |  |  |  |
| Fall ---- |  |  |  |  |  |
| Spring ----  |  |  |  |  |  |
| Summer ----  |  |  |  |  |  |

1. **NUMBER OF GRADUATES.** Provide the number of graduates for each award for the past three academic years.

***State Standard for Graduates:*** *Program has fifteen graduates over a three-year period. Program has twenty-five graduates over a five-year period. Exclude new programs approved and offered within last three to five years.*

|  |
| --- |
| **NUMBER OF GRADUATES BY DEGREE/AWARD** |
| **AWARD** | **ACADEMIC YEAR (AY)** | **TOTAL** |
| **AY ----** | **AY ----** | **AY ----** | **AY ----** |
| **[Enter name of AAS degree]** | 0 | 0 | 0 | 0 | 0 |
| **[Enter name of Certificate level 1]** | 0 | 0 | 0 | 0 | 0 |
| **[Enter name of Certificate level 1]** | 0 | 0 | 0 | 0 | 0 |
| **[Enter name of Certificate level 2]** | 0 | 0 | 0 | 0 | 0 |
| **Total Graduates** | **0** | **0** | **0** | **0** | **0** |

1. **TRANSFER RATES.** Provide the graduate transfer rates for the past three years of available data.

|  |
| --- |
| **GRADUATE TRANSFER RATE** |
| **Academic Year (AY)** | **Total Number of Graduates\*** | **Number of Graduates Continuing their Education\*\*** | **Transfer****Rate** |
| **AY ----** | 0 | 0 | 0% |
| **AY ----** | 0 | 0 | 0% |
| **AY ----** | 0 | 0 | 0% |
| **AY ----** | 0 | 0 | 0% |
| **Three Year Average** | **0** | **0** | **0%** |
| **\***Unduplicated, may not match CBM009 data**\*\***THECB Automated Student and Adult Learner Follow-Up System Report and/or CB116 |

1. **SUCCESS RATES.**

|  |
| --- |
| **GRADUATE SUCCESS (PLACEMENT) RATE** |
| **Academic Year (AY)** | **Total Number of Graduates\*** | **Number Employed and/or Continuing Education\*\*** | **Success****Rate** |
| **AY ----** | 0 | 0 | 0% |
| **AY ----** | 0 | 0 | 0% |
| **AY ----** | 0 | 0 | 0% |
| **AY ----** | 0 | 0 | 0% |
| **Three Year Average** | **0** | **0** | **0%** |
| **\***Unduplicated, may not match CBM009 data**\*\***THECB Automated Student and Adult Learner Follow-Up System Report and CB116 |

1. **EXTERNAL TESTING & LICENSURE.** List all licensure or certification tests and results, if applicable. Give data for the past three years.

[ ]  Applicable (List below) [ ]  Not Applicable

|  |
| --- |
| **PROGRAM LICENSURE AND CERTIFICATION PASS RATES****(Program-Level Data)** |
| **Type of Exam** | **AY ----** | **AY ----** | **AY ----** | **AY ----** |
| **Total # Tested** | **Total # Passed** | **Pass Rate** | **Total # Tested** | **Total # Passed** | **Pass Rate** | **Total # Tested** | **Total # Passed** | **Pass Rate** | **Total # Tested** | **Total # Passed** | **Pass Rate** |
| [Enter exam name] |  |  |  |  |  |  |  |  |  |  |  |  |
| [Enter exam name] |  |  |  |  |  |  |  |  |  |  |  |  |
| [Enter exam name] |  |  |  |  |  |  |  |  |  |  |  |  |
| [Enter exam name] |  |  |  |  |  |  |  |  |  |  |  |  |

# PART SIX: PROGRAM ADVISORY COMMITTEE

[ ]  Applicable [ ]  Not Applicable

1. **PROGRAM ADVISORY COMMITTEE MEMBERS.** List of advisory committee members, including name, affiliation, gender, ethnicity, and if a small or large employer.

|  |
| --- |
| **ADVISORY COMMITTEE MEMBERS** |
| **Name** | **Affiliation** | **Gender** | **Ethnicity** | **Small / Large Employer** |
| Chair:  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Committee is chaired by a business/industry member? | Yes [ ]  | No [ ]  |
| Committee membership reflects diversity? | Yes [ ]  | No [ ]  |

1. **PROGRAM ADVISORY COMMITTEE MEETINGS.** List the dates that the Advisory Committee meetings were held within the past three years.

|  |  |  |
| --- | --- | --- |
| **Academic Year ----** | **Academic Year ----** | **Academic Year ----** |
| Meeting #1: Click or tap to enter a date. | Meeting #1: Click or tap to enter a date. | Meeting #1: Click or tap to enter a date. |
| Meeting #2: Click or tap to enter a date. | Meeting #2: Click or tap to enter a date. | Meeting #2: Click or tap to enter a date. |

1. **PROGRAM ADVISORY COMMITTEE RECOMMENDATIONS.** Summarize recommendations from your program’s Advisory Committee in the past three years.

Click or tap here to enter text.

1. **RESPONSE TO ADVISORY COMMITTEE RECOMMENDATIONS.** Summarize actions taken based on the Advisory Committee's recommendations.

Click or tap here to enter text.

1. **PROGRAM ADVISORY ADVISORY COMMITTEE INFORMATION.**

|  |
| --- |
| **PROGRAM ADVISORY COMMITTEE INFORMATION** |
| **NOTE**: The questions below reflect the Texas Higher Education Coordinating Board’s (THECB) mandate for effective use of advisory committees, as noted in the Guidelines for Instructional Programs in Workforce Education (GIPWE). Please answer the following questions. |
| 1. How many times does the committee meet per academic year? (Committees should meet at least once.)
 | Once [ ]  | Twice [ ]  |
| 1. Are the committee members (name, title, and affiliation) identified in the minutes?
 | Yes [ ]  | No [ ]  |
| 1. Are the committee members’ presence or absence from the meetings noted in the minutes?
 | Yes [ ]  | No [ ]  |
| 1. Do the minutes include the names and titles of others present at the meeting?
 | Yes [ ]  | No [ ]  |
| 1. Is the signature of the recorder included in the minutes?
 | Yes [ ]  | No [ ]  |
| 1. Were committee members kept apprised of the program’s performance throughout the year?
 | Yes [ ]  | No [ ]  |
| 1. Do the minutes include evidence that industry partners have taken an active role in making decisions that affect the program?
 | Yes [ ]  | No [ ]  |
| 1. Have the committee evaluated the goals and objectives of the program’s curriculum?
 | Yes [ ]  | No [ ]  |
| 1. Has the committee established workplace competencies for the program occupation(s)?
 | Yes [ ]  | No [ ]  |
| 1. Has the committee suggested program revisions as needed?
 | Yes [ ]  | No [ ]  |
| 1. Has the committee evaluated existing college facilities and equipment?
 | Yes [ ]  | No [ ]  |
| 1. Has the committee identified local business and industry leaders who will provide students with external learning experiences, employment, and placement opportunities?
 | Yes [ ]  | No [ ]  |
| 1. Has the committee assisted in the professional development of the faculty?
 | Yes [ ]  | No [ ]  |
| 1. Has the committee assisted in promoting and publicizing the program to the community and to business and industry?
 | Yes [ ]  | No [ ]  |
| 1. Has the committee represented the needs of students from special populations?
 | Yes [ ]  | No [ ]  |
| 1. Do the meeting minutes reflect industry involvement?
 | Yes [ ]  | No [ ]  |

# PART SEVEN: PROGRAM REVIEW FINDINGS AND IMPROVEMENT PLAN

Based on the review of this program, concisely identify program strengths and program improvement needs, and develop an action plan with associated dates to address the identified program improvement needs.

1. **PROGRAM STRENGTHS.**

Click or tap here to enter text.

1. **PROGRAM IMPROVEMENT NEEDS.**

Click or tap here to enter text.

1. **PROGRAM IMPROVEMENT PLAN.**

|  |
| --- |
| **PROGRAM IMPROVEMENT PLAN** |
| **Action Items** | **Dates** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# PART EIGHT: PROGRAM REVIEW FOLLOW-UP REPORT

Write a concise follow-up report describing the program’s progress in meeting the items on the program improvement plan. The report may include adjustments to the original improvement plan that account for changes in the program and at LIT. Attach documentation of completed or in-progress improvements, if applicable.