

 **Academic Program Review**

**2020 – 2021**

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| **Name of Program:** |  |
| **Divisional Dean:** |  |
| **Department Chair:** |  |
| **Program Director:** |  |
| **Date Due:** | **January 29, 2020** |
| **Date Submitted:** |  |
| **Date of AQAC Review:** |  |
| **Status:** |  |

**Table of Contents**

 **Page**

**Preface 2**

**Academic Program Review Procedure and Timeline 3**

**Section I: Mission and Target Population 5**

### Section II: Curriculum 6

**Section III: Assessment of Program and Concentration Outcomes 8**

**Section IV: Assessment of Course Outcomes and Core Competencies 15**

**Section V: Other Measures of Program Performance 18**

### Section VI: Resources 21

### Section VII: Program Review Summary 24

### Section VIII: Program Faculty Endorsement and/or Comments 26

**Appendices**

Appendix A1: Grade Distributions

Appendix A2: HELP Course Report

Appendix A3: Revenue-Expenses-Contributions Report

Appendix A4: Advisory Board Committee Minutes

Appendix A5: Enrollment, Retention, and Graduation Reports

Appendix A6: Program Faculty Profile

Appendix A7: Faculty-Student Ratios by Course Report

Appendix A8: Program Budget

Appendix A9: Budget (Non-Capital) Funds Requests

Appendix A10: Capital Funds Requests

**Preface**

**Accreditation, Educational Quality, and the Academic Program Review**: The Community College of Rhode Island is accredited by the New England Commission of Higher Education (NECHE), one of seven regional higher education accrediting bodies in the United States. NECHE is recognized by both the U.S. Secretary of Education and the Council for Higher Education Accreditation (CHEA) as a reliable authority on the educational quality provided by degree-granting institutions. Similarly, several of CCRI’s academic programs are accredited by program specific commissions, councils, or committees as reliable authorities on the educational quality of these programs. To extend such assurances of academic quality to CCRI’s non-externally accredited programs, an Academic Program Review process has been instituted for programs without specialized accreditations.

**Academic Program Review**: The Academic Program Review process was designed to function similarly to the process associated with the preparation of a self-study for a specialized program accreditor. An Academic Program Review is completed once every five years by CCRI’s non-externally accredited programs. Similar to the self-study, the Academic Program Review requires programs to provide reviews and appraisals of various programmatic dimensions, as well as plans for improvement wherever warranted. These dimensions include, but are not limited to,:

* Mission and Purposes
* Curriculum: Courses, Programs, and General Education
* Student Support Services
* Teaching, Learning, and Scholarship
* Resources
* Educational Effectiveness

**Standards – Assurances of Academic Quality**: Colleges, universities, and programs with specialized accreditors earn accreditation (assurances of academic quality) by demonstrating, through the self-study process, that they meet or exceed standards of accreditation as established by their respective commissions, councils, or committees. Similarly, non-externally accredited programs at CCRI must provide assurances of academic quality by meeting or exceeding similar standards, or institutional Standards of Endorsement. Each of the Standards describes a dimension of quality related to the academic program.

**Academic Quality Assessment Committee**: The Academic Quality Assessment Committee is charged with the evaluation of Academic Program Reviews. In applying the Standards of Endorsement to an academic program, the Committee draws conclusions regarding the quality of the program. Significant shortcomings in a particular dimension of the program, or multiple shortcomings within a program threaten the endorsement of the academic program by the Committee. The Academic Program Review, Committee findings, and the status of the Committee’s endorsement are forwarded to the Vice President for Academic Affairs for review.

**Academic Quality Assessment Committee Membership – Peer Reviewers**: The Committee consists of seventeen members who are either elected, appointed, or designated by their respective departments/

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| **Seat** | **Position** | **Appointment** |
| Chair, Arts, Humanities, and Social Sciences | Faculty | Elected |
| Chair, Arts, Humanities, and Social Sciences | Faculty | Elected |
| Chair, Arts, Humanities, and Social Sciences | Faculty | Elected |
| Chair, Business, Science, Technology, and Math | Faculty | Elected |
| Chair, Business, Science, Technology, and Math | Faculty | Elected |
| **Seat** | **Position** | **Appointment** |
| HARS Chair | Faculty | Elected |
| HARS Chair | Faculty | Elected |
| CCRIFA President/Designee | Faculty | Elected |
| Representative, Library | Faculty | Appointed |
| Director, Academic Program Review and Accreditation | Staff | Designated |
| Director, Distance Education/Instructional Design | Staff | Designated |
| Representative, Enrollment Services | Staff | Appointed |
| Representative, Institutional Planning Representative | Staff | Appointed |
| Representative, Student Affairs  | Staff | Appointed |
| Student Representative | Student | Selected |
| Student Representative | Students | Selected |
| VPAA Designee | Administrator | Appointed |

**Academic Program Review Procedure and Timeline**

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| **Action** | **Description** |
| **Notification to Academic Program of Academic Program Review** | **Two semesters** prior to the scheduled submission of an Annual Program Review (APR), the academic program’s Department Chair and Divisional Dean are reminded of the requirement via a correspondence from the Chair(s) of the Academic Quality Assessment Committee. Completed Academic Program Reviews are due at the start (January) of the next calendar year. |
| **Orientation Meeting** | **Summer**: Before the APR is due, representatives from the Academic Quality Assessment Committee offer an orientation for the Department Chair and Divisional Dean. The Department Chair may invite one other relevant faculty or staff member from the academic program to the orientation.  |
| **On-going Support** | **Summer, Fall**: The Department Chair works with members of the academic program in preparing the Academic Program Review. Program faculty and staff are encouraged to work with their Divisional Deans and members of the Academic Quality Assessment Committee as they prepare the Academic Program Review.  |
| **Submission of the APR** | **January**: The Department Chair is asked to submit one electronic (single, searchable PDF) copy of the entire report, including appendices, to the Chair(s) of the Academic Quality Assessment Committee by the required due date (i.e., date corresponding to the Friday of the first week of courses in spring semester). |
| **Meeting with Academic Quality Assessment Committee** | **Spring**: The Department Chair and Divisional Dean are scheduled to meet with the Academic Quality Assessment Committee in the spring semester to review and discuss the Academic Program Review. Questions pertaining to the APR, if any, are forwarded to the Department Chair and Divisional Dean one week prior to the scheduled meeting.  |
| **Submission of Committee Report** | **Spring**: The Chair(s) of the Academic Quality Assessment Committee prepare a draft of its report for review by the Department Chair and Divisional Dean. The Department Chair and/or Divisional Dean may provide a response to the Committee’s report for consideration and possible inclusion in a final report. The final report is forwarded to the Department Chair, Divisional Dean, and Vice President of Academic Affairs.  |

**Format for the Academic Program Review**

1. **Single, Searchable PDF**: The Academic Program Review and appendices should be integrated into a single, searchable PDF. See steps below for creating the PDF.
2. **APR Template**: The current Academic Program Report template must be used.
3. **Appendices**: The Academic Program Report template precedes the appendices. The appendices should appear in the order in which they are delineated in the APR template’s Table of Contents (above).

**Creating a Single, Searchable PDF\***

* Adobe Acrobat X Standard or Pro versions provide easy options for creating and working with single, searchable PDF.
* To create the PDF, open the original electronic document (Word, Excel, PowerPoint, etc.) and use the “Save as PDF” option or the “Create/Save as Adobe PDF” option. (Assumes you have the appropriate Adobe Acrobat software.)
* Do not use “Print to PDF” or scan a printed document from a scanner or copier. Doing so essentially creates a photographic image of each page of the document. Typically, this produces a large, non-searchable file.
* To combine multiple documents into a single document (e.g., to combine the self-study with all the appendices), it is easiest to convert each into separate searchable PDFs and follow the commands in Adobe Acrobat for combining or appending the files into a single file.

\*Adopted from *Guidelines for formatting documents to be submitted to the NECHE New England Commission of Higher Education*

1. Provide the program’s mission statement and comment on its alignment with the College’s mission.

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| **CCRI Mission Statement**: The Community College of Rhode Island is the state's only public comprehensive associate degree-granting institution. We provide affordable open access to higher education at locations throughout the state. Our primary mission is to offer recent high school graduates and returning adults the opportunity to acquire the knowledge and skills necessary for intellectual, professional, and personal growth through an array of academic, career and lifelong learning programs. We meet the wide-ranging educational needs of our diverse student population, building on our rich tradition of excellence in teaching and our dedication to all students with the ability and motivation to succeed. We set high academic standards necessary for transfer and career success, champion diversity, respond to community needs, and contribute to our state's economic development and the region's workforce. |
| **Program’s Mission Statement** | **How does the program’s mission align with the College’s mission?** |
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1. Identify how the program uniquely satisfies institutional and/or community needs.

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1. Identify the program’s target population(s) and under-represented groups.

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| **Target Populations** | **Under-Represented Groups** |
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 Add Rows as Needed

1. Summarize activities directed toward program recruitment and the success of these efforts.

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| **Program Recruitment Activity** | **How successful was this activity? Explain.** |
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 Add Rows as Needed

**Submission for Review**: After completing this section, please forward it to your Divisional Dean for review prior to completing the other sections of this Academic Program Review.

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| --- | --- | --- |
| **X** | **Review Status** | **Comments and/or suggested areas for further development:** |
|  | *I have read and reviewed the content of this section, and I believe it provides an in*-*depth, comprehensive analysis in the areas requested.* |  |
|  | *I have read the content of this section, and I find that more information is necessary in the following areas in order to proceed to the next section:* |  |
|  | *I have read the content of this section, and I recommend meeting with the faculty and the APR Coordinator to review in person the additional steps that are necessary for completion of this section.* |  |

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| **Comments**:  |

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| **Electronic Signature (Dean):** |  | **Date:** |  |

1. **Program Curriculum**: List the courses comprising the program’s curriculum. If a section does not apply, please indicate NA.

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| **List the program specific required courses:** |
| **Prefix** | **Course Title** |
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 Add Rows as Needed

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| **List the program specific elective courses:** |
| **Prefix** | **Course Title** |
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 Add Rows as Needed

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| **List the interdisciplinary courses required in the program:** |
| **Prefix** | **Course Title** |
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 Add Rows as Needed

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| **List the program specific distance learning courses available to students:** |
| **Prefix** | **Course Title** |
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 Add Rows as Needed

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| **List the general education courses required in the program:** |
| **Prefix** | **Course Title** |
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 Add Rows as Needed

1. **Curriculum Proposals**: Provide a list of the program proposals that were submitted for review since submission of the last Academic Program Review. Indicate the status (i.e., Approved, Denied) of each proposal at each level of review (i.e., Curriculum Review Committee, Vice President of Academic Affairs, President, and Office of the Postsecondary Commissioner) and the term the proposal went into effect if applicable.

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| **Curriculum Proposal** | **CRC****Status** | **VPAA****Status** | **President****Status** | **OPC****Status** | **Effective****Term** |
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 Add Rows as Needed

1. **Distance Learning**: Comment on distance learning activities in the program.

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| **Distance Learning Courses: Questions** | **Comments** |
| How has the number of distance learning courses offered since the program’s last academic program review changed? |  |
| What percentage of program students enroll in distance learning courses?  |  |
| Is there a difference in outcomes assessment between conventional and distance learning offerings of a specific course? |  |
| Describe plans for developing and offering distance learning courses: |  |

1. **Experiential Learning Activities**: Comment on experiential learning activities in the program. If an experiential learning activity does not apply, please indicate NA.

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| --- | --- | --- | --- |
| **Experiential Learning Activity** | **Changes Since Last APR** | **Obstacles to Incorporating Activity** | **Percentage of Students Involved** |
| Co-ops |  |  |  |
| Internships |  |  |  |
| Service Learning |  |  |  |
| Field Trips |  |  |  |
| Clinical Requirements |  |  |  |
| Other: |  |  |  |

|  |
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| **List the organizations that accommodate students in these experiential learning activities:**  |
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 Add Rows as Needed

**Submission for Review**: After completing this section, please forward it to your Divisional Dean for review prior to completing the other sections of this Academic Program Review.

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| **Comments**:  |

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| **Electronic Signature (Dean):** |  | **Date:** |  |

1. **Mapping of Learning Outcomes to Courses**: Assessment based evidence is used to determine the extent to which graduating students possess an acceptable level of competence related to each program and concentration outcome. In order for students to demonstrate competence in outcomes upon graduation, decisions must be made as to where each outcome’s component knowledge, skills, and values (KSVs) will be developed in the curriculum.

**Program Curriculum Mapping Matrix**: In the first column of the Program Curriculum Mapping Matrix below, list each program outcome. In the top row of the Curriculum Mapping Matrix, list the required courses in the curriculum. For each course, indicate whether it (1) Introduces (I) knowledge, skills, and/or values associated with the program outcome for the first time in the curriculum, (2) Reinforces (R) knowledge, skills, and/or values that have already been introduced in the curriculum, or (3) supports students in developing Competence (C) relative to the program outcome. If the course accomplishes multiple tasks, please indicate so (e.g., IR).

**Concentration Curriculum Mapping Matrix:** Complete a Concentration Curriculum Mapping Matrix for each concentration in the academic program using the process outlined above for program outcomes. If the program does not include concentrations, please indicate so.

**Program and Concentration Outcomes Publication Sources and URLs**: List all of the sources where your program and concentration outcomes are, or will be, published (e.g., online catalog, admissions materials):

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| --- | --- |
| **Source Title** | **Location Published (Include URLs where appropriate)** |
| Online Catalog |  |
| Other: |  |

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1. **Program Outcomes – Assessments and Schedule**: For the next three academic years, specify the assessment(s) that will be used for making a summative assessment of each program outcome; the type of metric that will be used to evaluate student performance on each assessment (e.g., rubric, answer key); and the location where the assessment will be administered (e.g., STAT1010: Introduction to Statistics). Additionally, indicate when assessment data will be collected (C) and/or summarized-appraised (SA) for each outcome. It is possible to collect and summarize-appraise an outcome in the same term (CSA). Multiple assessments for the same program outcome should be listed in separate rows.

Program Outcomes: Assessments and Schedule

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **PO#** | **Assessment (Metric)** | **Location** | **FA20** | **SP21** | **SU21** | **FA21** | **SP22** | **SU22** | **FA22** | **SP23** | **SU2** |
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**Concentration Outcomes – Assessments and Schedule**: For the next three academic years, specify the assessment(s) that will be used for making a summative assessment of each concentration outcome; the type of metric that will be used to evaluate student performance on each assessment (e.g., rubric, answer key); and the location where the assessment will be administered (e.g., STAT1010: Introduction to Statistics). Additionally, indicate when assessment data will be collected (C) and/or summarized-appraised (SA) for each outcome. It is possible to collect and summarize-appraise an outcome in the same term (CSA). Multiple assessments for the same program outcome should be listed in separate rows.

Concentration Outcomes: Assessments and Schedule

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| **CO#** | **Assessment (Metric)** | **Location** | **FA20** | **SP21** | **SU21** | **FA21** | **SP22** | **SU22** | **FA22** | **SP23** | **SU2** |
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1. **Assessment of Program and Concentration Outcomes**: For each program and concentration outcome, summarize the assessment results and list the changes and improvements made to the curriculum **and/or** assessment methods since the last Academic Program Review to enhance student acquisition of that outcome. Include the term (e.g., Fall 2018) in which the change or improvement was implemented.

Program Outcomes Assessment Results, Changes, and Improvements

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| **PO#** | **Summary: Program Outcomes Assessment Results** | **Change or Improvement** | **Term** |
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Concentration Outcomes Assessment Results, Changes, and Improvements

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| **CO#** | **Summary: Concentration Outcomes Assessment Results** | **Change or Improvement** | **Term** |
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 Add or Remove Rows as Necessary

1. **Assessment Process – Program Outcomes**: For each of the program and concentration outcomes below, describe the assessment process associated with the outcome and identify those participating in the process and those interpreting the results (e.g., course instructor, department faculty, department chair, external evaluators).

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| **PO#** | **Brief Description of Program Outcomes Assessment Processes** |
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| **CO#** | **Brief Description of Concentration Outcomes Assessment Processes** |
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 Add or Remove Rows as Necessary

**Submission for Review**: After completing this section, please forward it to your Divisional Dean for review prior to completing the other sections of this Academic Program Review.

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| --- | --- | --- |
| **X** | **Review Status** | **Comments and/or suggested areas for further development:** |
|  | *I have read and reviewed the content of this section, and I believe it provides an in*-*depth, comprehensive analysis in the areas requested.* |  |
|  | *I have read the content of this section, and I find that more information is necessary in the following areas in order to proceed to the next section:* |  |
|  | *I have read the content of this section, and I recommend meeting with the faculty and the APR Coordinator to review in person the additional steps that are necessary for completion of this section.* |  |

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| **Comments**:  |

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| --- | --- | --- | --- |
| **Electronic Signature (Dean):** |  | **Date:** |  |

1. **Courses and Course Outcomes**: List the required program courses and provide a schedule for reviewing course assessment results for each course during the next four academic years. Student performance on each course learning outcome should be collected, reviewed, and appraised at least once every four years. Additionally, provide a summary of prior assessment results for each course and list the changes and improvements made to the course since the last Academic Program Review to enhance student acquisition of the course’s outcome. Include the term (e.g., Fall 2018) in which the change or improvement was implemented in the course.

Required Courses and Assessment Schedule

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| **Prefix** | **Course Title** | **FA20** | **SP21** | **SU21** | **FA21** | **SP22** | **SU22** | **FA22** | **SP23** | **SU23** | **FA23** | **SP24** | **SU24** |
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Add or Remove Rows as Necessary

Course Outcomes Assessment Results, Changes, and Improvements

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| **Prefix** | **Summary: Course Outcomes Assessment Results** | **Change or Improvement** | **Term** |
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Add or Remove Rows as Necessary

1. **Common Course Outcomes**: What efforts are made to ensure the consistency of course learning outcomes across all sections of a given course?

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1. **Core Competencies**: The College has identified general education outcomes or “abilities” of an educated person for all graduates of CCRI. Use the matrix below and list the courses in the program that support the development of each ability.

|  |  |
| --- | --- |
|  **CCRI Educated Person Abilities** | **Course** |
| 1. **Effective Communication**
* Use standard English grammar and mechanics.
* Utilize current communication technology. Create work that addresses a given purpose and context and responds to the target audience.
* Present a central idea, supported by concrete, relevant details.
* Establish a clear and consistent sequence of ideas.
 |   |
| 1. **Critical Thinking**
* Identify, analyze, and understand complex ideas.
* Determine the nature and extent of information needed.
* Locate, evaluate, and use information effectively.
* Draw logical conclusions from information.
* Express well-reasoned or innovative perspectives.
 |  |
| 1. **Quantitative and Scientific Reasoning**
* Demonstrate an understanding of mathematical, quantitative, or scientific principles.
* Apply a scientific approach in asking questions.
* Apply mathematical, quantitative, or scientific principles in solving problems.
* Interpret numeric information presented in graphic form.
 |  |
| 1. **Social Interaction**
* Evaluate ethical dimensions of decisions.
* Use teamwork to accomplish tasks in groups.
* Demonstrate an understanding of global, cultural and historical perspectives.
 |  |

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| --- | --- | --- |
| **X** | **Review Status** | **Comments and/or suggested areas for further development:** |
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| **Comments**:  |

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| **Electronic Signature (Dean):** |  | **Date:** |  |

1. **Grade Distributions**: Attach your program’s course grade distributions report as Appendix A1 (refer to Argos report from Institutional Research). Attach your most recent HELP Course report as Appendix A2.

Based on these two reports, identify and list the courses with disproportionate numbers of high grades, low grades, withdrawals, and/or other grades (e.g., I, NA, No Grade, NR).

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Prefix** | **Course Title** | **# Grades** | **A-B%** | **C%** | **D-F%** | **W%** | **Other%** |
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For each of the courses identified above, please provide your interpretation for the findings and indicate what can be done, if anything, to ameliorate the outcome.

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| **Prefix** | **Interpretation** | **Changes and Improvements** |
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1. **Student Success**: What percentage of students enrolled in the program achieve success as evidenced by:

|  |  |  |
| --- | --- | --- |
| **Measure of Success** | **Specify the Cohort (e.g., Fall 2017)** | **Percentage Successful** |
| Graduation Rates (Associates Degree; Certificates; refer to Institutional Research Data): |  |  |
| Transfer to an institution of higher learning (Refer to Institutional Research Data): |  |  |
| Licensure or Certification Exam: |  |  |

1. **Advisory Committees**: Describe recent advisory committee meetings and outcomes. Provide copies of Advisory Board Committee Minutes as Appendix A3.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the program have an **advisory committee** with **external membership**? If so, describe the professional qualifications of its members.  | **Yes** |  | **No** |  |
| **List of Professional Qualifications of Committee Members** |
|  |
|  |

 Add Rows as Needed

List the meeting dates of advisory board meetings for the past three academic years. For each meeting, describe the board’s feedback for strengthening the program. Also, describe how the board’s feedback impacted the program.

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| --- | --- | --- |
| **Meeting Dates for Past 3 Academic Years** | **Feedback: Board Recommendations, Concerns, Feedback** | **Impact of Feedback on Program** |
|  |  |  |
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 Add Rows as Needed

1. **Program Contributions (Program Revenue – Program Expenses)**: Attach the Program Revenue-Expenses-Contributions report as Appendix A4 and provide the relevant numbers from that report in the table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category – Program** | **FY20** | **FY19** | **FY18** | **3-Year Average** |
| Total Contribution |  |  |  |  |
| Total Contribution per Seat |  |  |  |  |
| Total Contribution per Credit Hour |  |  |  |  |

Provide an appraisal for the contributions of the program to CCRI and its Mission, and provide an explanation(s) for these findings. Discuss changes which have been implemented, or could be, to improve results.

|  |  |  |
| --- | --- | --- |
| **Appraisal of Contributions** | **Explanation(s) for Results** | **Changes for Improvement** |
|  |  |  |

1. **Program Enrollments and Graduates**: Attach the Program Enrollment, Retention, and Graduation report as Appendix A5 and provide the relevant numbers from those reports in the table below:

Degree Program

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category – Degree Program** | **AY19-20** | **AY18-19** | **AY17-18** | **3-Year Average** |
| First-Time, Full-Time Students |  |  |  |  |
| First-Time, Part-Time Students |  |  |  |  |
| Total Full-Time Students |  |  |  |  |
| Total Part-Time Students |  |  |  |  |
| Total Enrollment |  |  |  |  |
| Graduates, Number of |  |  |  |  |
| Retention Rate (1-Year) |  |  |  |  |
| Graduation Rate (3-Year) |  |  |  |  |

Provide an appraisal for the enrollment and graduation statistics, and provide an explanation for these findings. Discuss changes which have been implemented, or could be, to improve results.

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| --- | --- | --- |
| **Appraisal of Enrollment, Retention,** **and Graduation Statistics** | **Explanation(s) for Results** | **Changes for Improvement** |
|  |  |  |

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| --- | --- | --- |
| **X** | **Review Status** | **Comments and/or suggested areas for further development:** |
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| **Comments**:  |

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| **Electronic Signature (Dean):** |  | **Date:** |  |

1. **Program Staffing**: Attach the program faculty profile provided through Banner (Discoverer) as Appendix A6. Analyze program staffing and discuss how it impacts your program. Consider the following in your analysis:

|  |  |
| --- | --- |
| **Factor** | **Potential Impact** |
| Ratio of Full-time to Part-time Faculty |  |
| Educational Attainment of Faculty |  |
| Anticipated Attrition of Faculty or Staff |  |
| Identification of, and Ability to Secure, Qualified Adjunct Faculty |  |
| Exceptional Faculty Overload |  |
| Faculty to Student Ratio by Course(Attach Argos report as Appendix A7) |  |
| Support staff |  |
| Other |  |

1. **Curriculum Currency**: Describe how the currency of the program outcomes and curriculum are assured:

Describe precisely what is being done by faculty to assure that program curriculum and outcomes remain current with workplace standards and practices:

|  |
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|  |

Describe how faculty maintain currency in their discipline:

|  |
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Provide data/information concerning the anticipated need for program graduates in the coming years.

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Describe, in detail, how your program contributes to the development of the 21st century workforce of Rhode Island.

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1. **Professional Development: Review**: Describe faculty and/or staff professional development activities over the past 5 years. Also, describe the corresponding changes which resulted specifically from participation in these professional development activities (e.g., curriculum revisions, course development, modified teaching methodologies).

|  |  |
| --- | --- |
| **Professional Development Activities** | **Changes and Improvements** |
|  |  |
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1. **Professional Development: Planning**: Identify additional professional development opportunities which would benefit the faculty/staff in this program and describe these benefits. Estimate the costs associated with each activity if possible.

|  |  |
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| **Professional Development Activities** | **Estimated Costs** |
|  |  |
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1. **Support Services**: List the specific support services and activities this program requires (e.g., advising, tutoring, media, library, disabled student support, computer labs, distance and service learning). Discuss the availability and effectiveness of each of these services. Please be specific about any current deficiencies or projected needs related to these support services.

|  |  |  |
| --- | --- | --- |
| **Support Services** | **Availability** | **Effectiveness** |
|  |  |  |
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1. **Program Facilities**: List the specific facilities and equipment associated with running this program. Discuss the adequacy of the facilities and equipment in the program and ways in which they could be enhanced or improved.

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| --- | --- | --- |
| **Facilities and Equipment** | **Adequacy** | **Improvements** |
|  |  |  |
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1. **Program Budgets and Requests**: Attach the program budget as Appendix A8.

**Budgetary Funds**: Attach budgetary (non-capital) funds requests made since the program’s last APR as Appendix A9 and the status of each request (e.g., approved or denied). Discuss how the decision to approve or deny these requests impacted the program. Identify and prioritize any unmet needs.

|  |  |  |  |
| --- | --- | --- | --- |
| **Request** | **Status** | **Impact** | **Unmet Need (Prioritize)** |
|  |  |  |  |

**Lab Fees**: Discuss the role of lab fees in meeting program needs.

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**Capital /Fiscal Needs**: Attach capital funds requests made since the program’s last APR as Appendix A10 and the status of each request (e.g., approved or denied). Discuss how the decision to approve or deny these requests impacted the program. Identify and prioritize any unmet.

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| **Request** | **Status** | **Impact** | **Unmet Need (Prioritize)** |
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| **Comments**:  |

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| **Electronic Signature (Dean):** |  | **Date:** |  |

1. **Major Program Strengths**: Identify the major strengths of this program:

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1. **Program Challenges and Concerns**: Refer to the databased evidence provided throughout this report related to program challenges and areas of concern (see categories below for guidance). Provide budget and capital funding-based requests, with timelines, for purposes of program improvement where necessary. Prioritize these requests (1-Highest Priority, 2-Next Highest Priority, etc.).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data-Based Evidence** | **Program Challenges and Concern** | **Request with Timeline** | **PR** | **Amount** |
| Student Performance and Achievement* Assessment Results
* Course Grades
* Barrier Course Analyses
* Licensure Pass Rates
* Employment Rates
 |  |  |  |  |
| Revenue-Expenses-Contributions |  |  |  |  |
| Recruitment, Admission, and Enrollment Numbers |  |  |  |  |
| Retention and Graduation Rates |  |  |  |  |
| Faculty and Staffing Levels |  |  |  |  |
| Professional Development |  |  |  |  |
| Support Services |  |  |  |  |
| Program Facilities and Equipment |  |  |  |  |
| Other (Specify): |  |  |  |  |

1. **Current Program Goals and the Fiscal Needs for Goals Attainment**: Identify three program goals for the next five years leading up to the next Academic Program Review. Provide budget and capital funding-based requests, with timelines, for purposes of meeting these goals when necessary. Prioritize these requests (1-Highest Priority, 2-Next Highest Priority, etc.).

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Goals** | **Request with Timeline** | **PR** | **Amount** |
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| **Comments**:  |

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| --- | --- | --- | --- |
| **Electronic Signature (Dean):** |  | **Date:** |  |

1. **Faculty Endorsement and/or Comments**: All full-time program faculty are to be given an opportunity to review and comment on the Academic Program Review prior to submission. After soliciting faculty feedback, provide that feedback in the space provided for each faculty member. All Faculty members should sign the document next to their comments indicating they have had an opportunity to review and provide comment on the Academic Program Review.

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| --- | --- |
| **Faculty Member** **(Printed Name and Signature)** | **Comments** |
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