**National Commission for Academic Accreditation & Assessment**

# ANNUAL PROGRAM REPORT

Annual program reports should be prepared by the program coordinator in consultation with faculty teaching in the program or a program committee. The reports are provided to the head of department or college, and used as the basis for any modifications or changes that are required in the program. They should be retained on file to provide a record of developments in the program for use in periodic program self-studies and external reviews for accreditation.

Where reference is made to advice or comment from an independent evaluator, advice should be obtained from a person familiar with the program who is not directly involved in its delivery.

Annual Program Report

|  |
| --- |
| Institution |
| College/ Department |

**A. General Information**

|  |
| --- |
| Program title and code |
| Name of program coordinator |
| Date of report |
| Academic year to which this report applies. |
| Location if not on main campus or locations if program is offered in more than one location. |

**B Statistical Information**

|  |
| --- |
| 1. Number of students who started the first year of the program this year: |
| 2. Number of students completing the program in the year for which the report is prepared:1. Completing the final year of the program:
2. Completing major tracks within the program

Title………………………………………………………NoTitle………………………………………………………NoTitle………………………………………………………NoTitle…………………………………………………… .No1. Completing an intermediate award specified as an early exit point (if any)
 |
| 3. Apparent completion rate.1. Percentage of students completing the full program

(Number shown in 2 (a) as a percentage of the number that started the full program in that student intake.(b) Percentage of students completing an intermediate award (if any)(eg. Associate degree within a bachelor degree program)(Number shown in 2 (b) as a percentage of the number thatstarted the program leading to that award in thatstudent intake.)Comment on any special or unusual factors that might have affected the apparent completion rates. (Eg. Transfers between intermediate and full program, transfers to or from other programs) |
| 4. Number and percentage of students passing each year of the program.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Number Starting | Number Completing and Passing | Percent Completing and Passing |
| Year 1 |  |  |  |
| Year 2 |  |  |  |
| Year 3 |  |  |  |
| Year 4 |  |  |  |

 |
| 5. Year to year progression rates.Proportion of students who started each year level in the previous year who passed and continued to a higher year level the current year. Started in Year 1 and continued to start in Year 2 % Started in Year 2 and continued to start in Year 3 % Started in Year 3 and continued to start in Year 4 % |
| 6. Special factors outside the control of the program (if any) affecting the numbers completing the year and continuing in the following year. |
| 7. Destination of graduates as shown in survey of graduating students (Include this information in years in which a survey of employment outcomes for graduating students is conducted)Date of SurveyNumber Surveyed Number Responding Response Rate %

|  |  |  |
| --- | --- | --- |
| Destination | Not available for Employment | Available for Employment |
| Further Study | Other Reasons | Employed in Subject Field | Other Employment | Unemployed |
| Number |  |  |  |  |  |
| Percent ofRespondents |  |  |  |  |  |

 |
| Comment on significance of percentages. (eg. Comparison with past results, results at other institutions, nature of job market, implications for program planning) |

**C. Program Context**

|  |
| --- |
| 1. Significant changes within the institution affecting the program (if any) during the past two years.

Implications for the program |
| 2. Significant changes external to the institution affecting the program (if any) during the past two years. Implications for the program |

**D. Course Information Summary**

|  |
| --- |
| 1. Course Results

 Attach a list of all courses taught during the semester/year showing for each course the number commencing, the number completing, and the distribution of grades (A, B, C, etc.) |

|  |
| --- |
|  2. Analysis of Unusual Results. List any courses where the proportion completing or passing the course, or the distribution of grades, was unusually high or low, or departed from policies on grades or assessments. For each such course indicate what was done to investigate, the reason for the difference, and what action has been taken as a result. (Include or attach additional summaries if necessary) |
| a. Course | Variation |
| Investigation UndertakenReason for Difference |
| Action Taken (if Required) |
| b. Course | Variation |
| Investigation UndertakenReason for Difference |
| Action Taken (if Required) |
| c. Course | Variation |
| Investigation UndertakenReason for Difference |
| Action Taken (if Required) |

(Attach additional summaries if necessary)

4. Delivery of Planned Courses

|  |
| --- |
| (a) List any courses that were planned but not taught and indicate the reason and what will need to be done if any compensating action is required. |
| Course title and code | Explanation | Compensating action if required |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| (b) Compensating Action Required for Units of Work Not Taught in Courses that were Offered. (Complete only where units not taught were of sufficient importance to require some compensating action) |
| Course | Unit of work | Reason |
| Compensating action if required\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Course | Unit of work | Reason |
| Compensating action if required\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Course | Unit of work | Reason |
| Compensating action if required\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Course | Unit of work | Reason |
| Compensating action if required\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**E. Program Management and Administration**

|  |  |  |
| --- | --- | --- |
| List difficulties (if any) encountered in management of the program | Impact of difficulties on the achievement of the program objectives | Proposed action to avoid future difficulties in Response |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**F. Summary Program Evaluation**

|  |
| --- |
| 1. Graduating Students Evaluation (To be reported on in years when surveys are undertaken)Date of Survey Attach survey results |
| a. List most important criticisms, strengths and suggestions | Comment (Eg. Valid comment, action already taken, other considerations, etc.) |
| b. Changes proposed in program (if any) in response to this feedback. |

|  |
| --- |
| 2. Other Evaluation (Eg. Evaluations by employers or other stakeholders, external review))Describe evaluation process |
| a. List most important criticisms, strengths and suggestions | Comment (Eg. Comment is valid and action will be taken, action already taken, other considerations, etc.) |
| b. Changes proposed in program (if any) in response to this feedback. |
| 2. Ratings on Quality Standards (Refer to *Quality Standards for Higher Education Programs*.)  |
| (a) Attach rating scales for Learning and Teaching, and other scales used for program evaluation. (To be reported on in years when rating scales are first completed and in later years when a comprehensive evaluation is undertaken) |
| (b). List sub-scales selected for annual monitoring. (normally those where the practice is not followed but is considered a priority for development, or which were assessed as in need of improvement (rating of less than three stars) Indicate action proposed to improve performance (if any). |
| Sub-Scale | Practice Followed (Y/No) | Star Rating | In first year in which scales are completed indicate action proposedIn later years, comment on performance in the year of the report. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(Attach additional items if necessary)

**G. Quality of Teaching**

|  |
| --- |
| 1. a. List courses taught during the year. Indicate for each course whether student evaluations were undertaken, and/or other evaluations made of quality of teaching. For each course indicate if action is planned to improve teaching. |
| Course/Course Code | Student Evaluations | Other Evaluation (specify) | ActionPlanned |
| Yes | No | Yes | No |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| (Add items or attach list if necessary) |  |  |  |  |  |

|  |
| --- |
| 2. Effectiveness of teaching strategies. Comment on the effectiveness of teaching strategies planned for use in courses for the type of learning involved in each of the domains of learning. (See description of domains in National Qualifications Framework and the proposed strategies in item D 2. in the Program Specification.) (Note this question is not an assessment of the skills of instructors, but an evaluation of the planned strategies based on instructors course reports.) |
| Summary of comments by instructors or other feedback on the effectiveness of teaching strategies for domains of learning outcomes indicating any difficulties encountered, and suggestions for improvement. | Planned response to comments (Eg. training and assistance provided, modification in planned strategies)(When appropriate refer to particular courses where changes are to be made) |
| a. Knowledge |  |
| b. Cognitive skills |  |
| c. Interpersonal skills and responsibility |  |
| d. Communication, IT and numerical skills |  |
| e. Psychomotor skills (if applicable) |  |

|  |
| --- |
| 3. Orientation programs for new teaching staffOrientation programs provided Yes No If offered, how many participated? |
| a. Brief Description |
| b. Summary of evaluations by staff who participated in the orientation program. |

|  |
| --- |
| If orientation programs were not provided, give reasons. |

|  |  |
| --- | --- |
| **4.** Professional Development Activities for Teaching and Other Staffa. Activities Provided | How many Participated |
| TeachingStaff | Other Staff |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| b. Summary comments on usefulness of activities based on participants evaluations |

### H. Independent Opinion on Quality of the Program after Considering Draft Report (eg. head of another department offering comment on evidence received and conclusions reached) (Attach notes)

|  |  |
| --- | --- |
| 1. Matters Raised by Person Giving Opinion | Comment by Program coordinator on Matters Raised |
|  |  |
| 2. Implications for Planning for the Program |

**I. Action Plan**

|  |
| --- |
| 1Progress on Implementation of Previous Year’s Action Plans |
| Actions Planned | Completion Date | Person Responsible | Completed or not completed |
| a.  |  |  |  |
| Reason if not completed as planned.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| b. |  |  |  |
| Reason if not completed as planned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| c.  |  |  |  |
| Reason if not completed as planned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| d. |  |  |  |
| Reason if not completed as planned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| 2. Proposals for Program Development |
| a. Proposals for Changes to Program Structure (units/credit-hours, compulsory or optional courses, other) |
| b. Proposals for Changes to Courses, (deletions and additions of units or topics, changes in teaching or assessment procedures etc.) |
| c. Development Activities for Teaching and Other Staff |

|  |
| --- |
| 3. New Action Plan for Academic Year \_\_\_\_\_\_\_\_ |
| Actions Required | Completion Date | Person Responsible |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Program Coordinator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Report Completed:\_\_\_\_\_\_\_\_\_\_\_\_**

Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Dean/Department Head)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachments**

Copy of all course reports

Rating scales applicable to the program from the *Self Evaluation Scales for Higher Education Programs* that were completed this year (See Item E 2)

Summary of any evaluations by graduates or other stakeholders in this year (See item E 1)

Independent evaluators report