

Instructional Program Review



Department: (Insert Department Name)

Academic Programs Reviewed:

Program 1.

Program 2.

Program 3.

Program Review Committee (insert name and title of CTC committee members)

Committee member 1.

Committee member 2.

Committee member 3.

Committee member 4.

Submitted: (Insert date)

Department Chair (insert name):

Dean (insert name):

Deputy Chancellor (insert name):



Program (Insert program name)

Enrollment and Student Profile

Student Profile & Headcount

1. Headcount by Full-time/Part-time Status and FTE
2. Gender and Age
3. Ethnicity
4. Student Admit Type (e.g. first-time freshman, transfer)
5. Freshmen and Sophomore: Percent of Total Enrollment
6. Percent of students who speak a language other than English

Student Preparedness

1. Admission Average: High School GPA of First-time Freshmen
2. Placement Test Results

Remedial vs Non-Remedial

1. Remedial vs Non-Remedial Enrollment
2. Remedial Course Grades
3. Non-remedial Course Grades

Graduation and Retention Rates

1. One-Year Retention Rates (First-time Full-time Fall Cohort)
2. Three-Year Retention & Graduation Rates (First-time Full-time Fall Cohort)
3. Four-Year Retention & Graduation Rates (First-time Full-time Fall Cohort)
4. Six-Year Retention & Graduation Rates (First-time Full-time Fall Cohort)
5. Degree Awarded
6. Transfer Rates and College Destinations

Curriculum Courses

Courses by Supporting Departments

1. Required Courses – Average Grades – Fall
2. First Semester GPA
3. First Year GPA
4. Graduation GPA

Program (Insert program name)

Faculty and Staff

1. Staff categories and faculty profile (appointment status, gender, ethnicity and highest degree earned)
2. List of faculty members

Program (Insert program name)

Program description:

Alignment with the college mission, strategic plan (Ref. # 1A.1; 1A.2):

Program distinctiveness (Ref. # 1B.1; 1B.2):

Recognition of quality of the program; combine with supporting evidence (Ref. # 1B.1; 1B.2):

Program learning outcomes (Ref. # 1C.1; 1C.2):



Program (Insert program name)

Description of learning outcomes assessment program (Ref. # 1C.1; 1C.2):

Major curricular changes since the last review (or past five years) (Ref. # 1D.1):

Graduate placement data, employer satisfaction (Ref. # 1D.1):

Future employment projections for discipline (Ref. # 1D.1):

Description on how department programs and curricula are “mission critical” to the core of Central Texas College educational experience (Ref. # 1A.1; 1A-2; 1D.1):

Programs and areas of recognized excellence with supporting evidence (Ref. # 1E.1):

Faculty accomplishments and recognitions (Ref. # 1E.1; 1E.2):

Program (Insert program name)

Capacity for growth of programs (Ref. # 1F.1; 1F.2):

New program opportunities and justifications (max of 3) (Ref. # 1F.1; 1G.2):

Proposals to enhance programs (max of 3) (Ref. # 1G.2):

Accepted enhancement/programs from Deputy Chancellor's

1.

2.

3.

Program (Insert program name)

If the program has professional accreditation, attach most recent review findings and recommendations:

Accreditation by:

Date: of last accreditation:

Departmental Summary:



Program (Insert program name)

Instructional Program Review:

Dean: _____

Name Printed

Signature

Date

Comments:

Deputy Chancellor: _____

Name Printed

Signature

Date

Comments:

Deputy Chancellor: _____

Name Printed

Signature

Date

Comments:

Deputy Chancellor: _____

Name Printed

Signature

Date

Comments:

