KCKCC Program Review Final Report Form Directions

Program:	Name of program
SSR Completed:	Date completed
Coordinator/Lead	Person completing SSR
Instructor:	
Date of End-of-Cycle:	Date the review cycle ends
Final Report Submitted on:	Date submitted

<u>Strengths Action Plans</u> Action Plan #1: Was the Action Plan met? If no, describe why.

Action Plan #2: Was the Action Plan met? If no, describe why.

<u>Challenges Action Plans</u> Action Plan #1: Was the Action Plan met? If no, describe why.

Action Plan #2:

Was the Action Plan met? If no, describe why.

As a result of the program self-study, what revisions, creations, or alignments were made to the following?

Mission/Vision Statement	
Curriculum	
Advisory Committee	
Accreditation	
CLOs, PLOs, ILOs. Do they	
align with the College's	
Strategic Goals?	
Resources (staffing, funding,	
equipment, space).	

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What new challenges have arisen since the self-study was completed?

Describe the strengths of the program:

Did the program make adequate progress during the 4-year cycle? If not, describe why.

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Summaries and Reviews

Coordinator/Lead Instructor:

Comments: Coordinator's summary of the review process, findings and lessons learned.	
Date Completed and Signature:	

Dean:

Comments: Dean's summary of the review process, findings, conclusions, and	
recommendations.	

Date Completed and	
Signature:	

PRC:

Comments: PRC's summary of the program's review process, findings, conclusions and		
recommendations.		
Date Completed and		
Signature:		

VPAA:

Comments: VPAA's summa recommendations.	ry of the program's review process, findings, conclusions and
Date Completed and Signature:	