

**2018/2019**

**Comprehensive Program Review**

Final Report and Recommendations

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| **Program:** |  |

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| **School:** |  |
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| **Credential:**  |  |
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| **Prepared By:** |  |
|  |  |  |
| **Executive Dean Approval:**  |  **Date: \_\_\_\_\_\_** |
|  |  |  |
| **VPA Approval:** |  **Date: \_\_\_\_\_\_\_** |

Comprehensive Program Review
Final Report and Recommendations

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| --- | --- |
| Program Title: |  |
| OCAS / Code: | e.g. ACAR |
| MTCU / APS Code: |  |
| Credential:  |  |
| School: |  |
| Executive Dean/Dean: |  |
| Previous CPR Review Year: |  |
| Report Submission Date:  | [June 30, 2019] |

***[The following sections of the report are developed by the Program Review Lead
in consultation with Program Review Team.]***

# Introduction

A review of the XX program was undertaken in Month, Year and completed in Month, Year. Since the inception of the XX program in Month, Year, full- time enrolment has grown by XX% *[select appropriate response*] or declined by XX%, or been stable at XX number of students. The current *[insert academic year]* full-time enrollment in the program is XX.

# Academic Program

## Program of Study

* Provide the current program description [include POS in appendices]
* Note any recent changes (within 5 years) to the program title, major POS changes
* Note the program length (number of semesters and number of years)
* Note the number of annual intakes
* Describe the program delivery mode/method/s *[eg: fast-track, compressed, online, etc*.] Confirm the continued appropriateness of the method (or reasons for action to change)
* Identify any accrediting or regulatory body, professional association (required or recommended) and confirm continued accreditation.
* Confirm program’s inclusion of general education requirements
* Confirm POS number of hours, aligns with the Ontario Qualifications Framework ([OQF](http://www.tcu.gov.on.ca/pepg/programs/oqf/)).

## Admission Requirements

*[List the approved admission requirements – see website. Provide comment on their continued appropriateness for the program, alignment with OQF, or any recommendation to revise. If there is a recommendation to change, please include results of consultations with SES.]*

## Program Vocational Learning Outcomes

The MTCU Program Standards were last revised in YEAR and were mapped to the curriculum on XX date. The PAC was advised of the new learning outcomes, on XX date.

*[****Or]***

The Program Description Program Learning Outcomes were approved by the Credential Validation Service (CVS) in YEAR. The Program Learning Outcomes were mapped to the curriculum on XX date and
meet the approval of the Program Advisory Committee.

*[****Or]***

The locally determined Program Learning Outcomes were approved by Durham College in YEAR. The Program Learning Outcomes were mapped to the curriculum on XX date and
meet the approval of the Program Advisory Committee.

*[Provide any details regarding any changes or recommendations to revise the PLOs since the last review. Confirm that the PLOs are communicated to the students and are accurately reflected in the Program Guide and PLOR. Provide any comments from the curriculum mapping session eg: gaps identified, leveling, planned CLO revisions.]*

**2.4 Experiential Learning**

Experiential Learning supports students with hands-on learning, helping them transition to employment.

*[Provide comment on the programs experiential learning opportunities. This may include work-integrated learning, such as placement, co-op, internship, clinical placement, service learning, practicum, and field experience. Experiential learning can also include capstone courses/projects, on-campus work teaching labs, interactive simulations and research projects. Provide details regarding any enhancements.]*

# Strengths and Best Practices

Strengths and Best Practices to be celebrated in this program include:

* XX
* XX
* …

# Program Information Package (PIP)

*[Provide highlights of the PIP, from one page ‘program overview’ analysis of applications, catchment, enrolment, retention, graduation rate, graduate outcomes, and KPI results. Provide comment on any additional key points identified in the PIP.]*

The Program Information Package was developed in XX month/XX year. The PIP covers the reporting period of [*insert years*]. The PIP is posted to the ICE Program Portfolio.

A review of the Program Information Package (PIP) indicates that KPI student satisfaction rates pertaining to quality of the learning experiences trend [*select appropriate response*] above / below /are consistent with the system comparator. The retention rate in this program is *[select appropriate response*] above / below /consistent with the system comparator for programs of equal length. The graduation rate of this program is [*select appropriate response*] above / below the system comparator for programs of equal length.

# Labour Market

The Program Information Package (PIP) provided information about the labour market associated with this program and industry. Enrolment projections indicate this is an area of employment [*select appropriate response*] growth, decline or stability and the seats in this program *will /will not* [*select appropriate response*] be recommended for the next recruitment cycle.

*[Provide any additional labour market details learned through the review, as appropriate e.g.: from PAC.]*

# Annual Program Review

The Program Team met on XX *[date]* to complete the Annual Program Review template.

*[NOTE: The APR is completed once during the CPR cycle and every year in-between CPRs. Provide a summary paragraph on the outcomes of the annual program review. You may include comment on how the program is or plans to respond to any current College initiatives e.g.: research, indigenizing the curriculum, sustainability, internationalization, experiential learning, learning technologies, etc. Reflect on any past APR reports, since last CPR. Highlight faculty professional development since the last CPR)]*

# Stakeholder Feedback - Students

A student focus group was hosted on XX *[date].* # students attended ...

*[Provide a summary paragraph re quality of the program from the perspective of students]*

# Stakeholder Feedback - Industry

An industry focus group (or survey) was hosted on XX *[date].* # companies attended …

*[Provide a summary paragraph re quality of the program from the perspective of external stakeholders]*

# Stakeholder Feedback - Graduates

A graduate focus group or survey was hosted on XX *[dat*e]. # graduates attended/responded …

*[Provide a summary paragraph re quality of the program from the perspective of graduates of the program]*

# Library Statement

*[Provide a brief summary commenting on the library statement process and what was learned.*

# SWOT Analysis

The Program Review Team met on XX [*date*] to complete a SWOT analysis of the program.

*[Provide a high level overview of the SWOT session and core discussions or summary paragraph on SWOT analysis (strengths, challenges/weaknesses, opportunities and trends). Were recommendations from stakeholders were not implemented, confirm rational why]*

# Program Advisory Committee (PAC)

The PAC was advised of the comprehensive program review at its meeting on XX [*fall date]* and met again on XX [*spring* *date]* to review and provide endorsement/feedback on the recommendations for improvement.  *[Provide a summary paragraph on feedback from the PAC. e.g.: feedback on program strengths and challenges, endorsement of the CPR recommendations for improvement. Provide also comment on the quality of the PAC and any plans for PAC development.]*

# Conclusion

In conclusion, *[Provide a reflective statement on lessons learned from the comprehensive program review process, best practices and plans for continuous improvement.]*

The Recommendations for Improvement are provided below (Appendix A of report).

***[Section 13 of the Report will be completed by the Executive Dean]***

# Program Feasibility Statement

*[The Executive Dean will reflect on the rigor of the comprehensive review, the evidence provided and the scope of the recommendations to develop a feasibility statement. The feasibility statement will be an important determinant in advocating and moving the ‘Final Recommendations’ forward for approval to the vice-president – academic, and implementation within the context of the School and the College’s strategic direction/plans.]*

 Please start typing here...

Executive Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendices *[appendices may be provided as a separate document, adjust titles as needed*]

Appendix 1 - Recommendations for Improvement [template]
Appendix 2 - Annual Program Review Report/s

Appendix 3 - Program Curriculum Mapping Report

Appendix 4 - Student Focus Group Report

Appendix 5 - External Stakeholder Report (eg: Assessor or Industry Focus Group Report, Graduate Survey Report)

Appendix 6 - SWOT Matrix

Appendix 7 - Library Statement Report

Appendix 8 - Program Faculty List [template]

**APPENDIX 1**

**COMPREHENSIVE PROGRAM REVIEW (2018-2019)
RECOMMENDATIONS FOR IMPROVEMENT**

**PROGRAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_**

**SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF SUBMISSION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROGRAM REVIEW TEAM MEMBERS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **RECOMMENDATION (ACTION TO BE IMPLEMENTED)**  | **ESTIMATED COST or N/A** | **LEAD PERSON RESPONSIBLE** | **TIMELINE FOR COMPLETION** | **STATUS****DECEMBER** | **STATUS****JUNE** |
| *(please include the recommendations stemming from the curriculum mapping activity)* |  |  |  |  |  |
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