NAACLS REVIEW OF INITIAL PROGRAM PROGRESS REPORT

for Standard II.B/II.C Compliance

The initial Board Award letter for this program is attached.

**TO BE COMPLETED BY NAACLS REVIEWERS:**

Name of Sponsor:

Type of Sponsor:

*(Sponsoring Institution, Consortium, Multi-Location)*

MLS MLT HTL HT DMS CG PathA PBT MLA

Location:

Program Director:

PD Contact Information:

**Required for all Initial Programs.**

Copy and paste additional lines as needed. Remove unused tables and red instructions.

*Protecting and Unprotecting the document:*

*1. Under the “Review” tab, select Protect Document > Restrict Formatting and Editing > Stop Protection*

*2. Re-enforce protection on the document under the “Review” tab, select Protect Document > Restrict Formatting and Editing > Yes, Start Enforcing Protection > OK (do not create a password)*

Program has provided a description of how the following items are used in program assessment and continuous quality improvement. Check all that apply.

External certification results

Graduation Rates

Placement Rates

Attrition Rates

Graduate Feedback

Employer Feedback

Program has provided documentation of how outcome measures and feedback from graduates and employers is used in ongoing curriculum development, resource assessment and program modification.

Submitted

Not Submitted

If changes were made in response to program assessment, program has provided documentation of how effectiveness of changes was determined.

Submitted

Not Submitted

**Summary of Initial Review:**

Report is Satisfactory, no further action is required.

Report is Unsatisfactory and the program will be given 30 days to respond to the following concerns regarding Standard II.B and/or II.C:

Date NAACLS Staff was notified:

Method of Contact was by:  Email or  Telephone Date:

1st Reader Name (typed/printed):      Date:

The 1st reader affirms and agrees with the Progress Report review’s findings  YES  NO

2nd Reader Name (typed/printed):      Date:

The 2nd reader affirms and agrees with the Progress Report review’s findings  YES  NO

**Summary of Final Review** (if required, please remove this section if not required):

Report is Satisfactory

Report is Unsatisfactory and the following concerns remain:

1st Reader Name (typed or printed):       Date:

The 1st reader affirms and agrees with the Progress Report review’s findings  YES  NO

2nd Reader Name (Typed or printed):      Date:

The 2nd reader affirms and agrees with the Progress Report review’s findings  YES  NO