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