**Program Review Evaluator’s Check Sheet**

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| **Program Evaluated** | | |  | |
| **Name of Evaluator** | | |  | |
| **Date** | | |  | |
| **I. Program Review Issues**: (Please indicate specific concerns about the content of the program review document and indicate R for recommended or M for mandatory changes.  Attach separate page if needed.) | | | | |
| ***R or M*** | | ***Comments (Be specific)*** | | |
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| **II. Editing/Style Changes**: (Please be specific about the changes, including page numbers  for each change. Also, please indicate ***R*** for recommended/***M*** for mandatory. Attach separate page of needed.) | | | | |
| ***Page No.*** | ***R or M*** | | | ***Comments (Be specific)*** |
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**III. Evaluator’s Recommendation: (Please check one.)**

Continuation of program at the **current level of activity.**

Continuation of program at reduced level of activity or with other **corrective action**: P**rogress report due by November 1 next academic year.** (*Program deficiencies that need to be corrected and issues addressed should be outlined*)

Continuation of the program with identification of the program for **resource development: Progress report due by November 1 next academic year.** (*Program issues to be addressed should be outlined)*

Development of a cooperative program with another institution, or sharing of courses, facilities, faculty, and the like.

Discontinuation of the program

Note:

***Corrective Action*** will apply to programs that have deficiencies that the program itself can address and correct.

***Resource Development*** will apply to already viable programs that require additional resources from the Administration to help achieve their full potential. This designation is considered an investment in a viable program as opposed to addressing issues of a weak program.

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| **Program Review – Evaluator’s Check Sheet** continued  **Program Evaluated:** |
| **Additional Comments** |