

Program/Major Periodic Review Checklist for Reviewers

Program/Major _____

College: _____

Primary Author: _____

Date Submitted _____

Date of Previous Periodic Review: _____

A 1 - Individuals who assisted in analyzing the data:

Incl.	Data Type	Comment	Action Needed
	A. Program instructors		
	B. Current student(s)		
	C. Community stakeholders		

A 2 - The assessment report will contain the following elements:

A. General Information

Incl.	Data Type	Comment	Action Needed
	1. Date report was reviewed		
	Personnel involved		
	2. Primary author(s) and contributors		
	3. Reviewers and their positions		

B. An overview of the program

1. Mission and goals

Incl.	Data Type	Comment	Action Needed
	a. School/program mission statement		
	b. Learning Outcomes		
	c. Curriculum Map		
	d. Key assessments provided		
	e. Linkage of Learning Outcomes to Key Assessments		

2. Program Structure

Incl.	Data Type	Comment	Action Needed
	a. Description of major from current catalog		

3. The trend in program enrollment

Incl.	Data Type	Comment	Action Needed
	a. Figures and tables labelled correctly		

4. The credentials of instructors in standard format

Incl.	Data Type	Comment	Action Needed
	a. Table is complete		
	b. Formatted correctly		

5. Full/Part-time Staffing Changes

Incl.	Data Type	Comment	Action Needed
	Full-Time (New hires, resigned or retired)		
	Part-Time (New hires, resigned or retired)		

6. Percentages of courses and/or credit hours taught by full-time, part-time, and adjunct faculty.

Incl.	Data Type	Comment	Action Needed
	Percentages of courses / credit hours taught by full-time, part-time, and adjunct faculty		
	Full-Time Courses within Program		
	Part-Time Courses within Program		
	Adjunct Courses within Program		
	Full-Time General Education Courses		
	Part-Time General Education Courses		
	Adjunct General Education Courses		

7. Summary of aggregated course evaluations.

Incl.	Data Type	Comment	Action Needed
	Program Courses		
	General Education Programs		

8. Summary of advising load of faculty members.

Incl.	Data Type	Comment	Action Needed
	Program Advisees		
	Non Program Advisees		

9. Resources Available to the Program

Incl.	Data Type	Comment	Action Needed
	<ul style="list-style-type: none"> Library 		
	<ul style="list-style-type: none"> Collaborations with Community 		
	<ul style="list-style-type: none"> Advisory Council 		
	<ul style="list-style-type: none"> Dedicated Rooms 		
	<ul style="list-style-type: none"> Specialized Equipment 		
	<ul style="list-style-type: none"> Endowments 		
	<ul style="list-style-type: none"> Scholarships 		

10. Courses that Link Learning with the Community

Incl.	Data Type	Comment	Action Needed
	Course numbers and names		
	Required/Not Required		
	Description of linkage w/ Community		

11. Program Changes

Incl.	Data Type	Comment	Action Needed
	Structure Changes (incl. reason)		
	New Courses (incl. reason)		

12. Summary of program reports sent to national associations or accreditors.

Incl.	Data Type	Comment	Action Needed
	Report(s) Listed		
	Full Report in Appendix (if included)		

C. Analysis of data: Summary and discussion

Incl.	Data Type	Comment	Action Needed
	1. Analysis of key assessment results, organized by learning outcomes		
	2. Results from Program Exit Surveys (if administered) Graduation Survey Results Alumni Survey Results		
	3. Program's successes in integrating faith & learning		
	4. Degree to which program fulfills its goals		
	5. Comparison with selected peers' curriculum		
	6. Program's strengths		
	7. Program's weaknesses & threats		

D. Outcomes (recommendations)

Incl.	Data Type	Comment	Action Needed
	1. Contributions to the mission of OVU?		
	2. Do mission and/or goals need adjustment		
	3. Appropriate staffing & priorities		
	4. Effectiveness of assessment tools		
	5. Integrating faith and learning		
	6. Effectiveness of curriculum		
	7. Linking learning with community		
	8. Budget needs		
	9. Reasons for continuance		

E. Outcomes (implementing recommendations):

Incl.	Data Type	Comment	Action Needed
	Effectiveness of plans for putting these recommendations into effect		

Review for this periodic program review: _____ Date _____

Additional Reviewers:

Re-viewer	Title	Date