

2017 Annual Report - Jefferson State Community College - PTA

Confirmation of Contact and Other Information

1.1. Verify that the following URL is correct and points directly to the program's accreditation statement. If not, replace with corrected URL before moving to question 1.2	http://www.jeffersonstate.edu/programs/physical-therapist-assistant/physical-therapist-assistant-accreditationmission-statement/
1.1b. Verify that the following URL is correct and points directly to the program's main web page. If not, replace with corrected URL before moving to question 1.2	http://www.jeffersonstate.edu/pta
1.2. Is the information on the program's contact info page on the CAPTE Portal correct? If NO, e-mail correct information to accreditation@apta.org	Yes

Degree To Be Awarded

1.3. Is a cohort of students scheduled to graduate in 2017?	Yes
1.4. Month/Year that the graduating Class of 2017 is scheduled to graduate:	05/2017

Program Length

2.1. Overall format of the curriculum (i.e., 1 + 1, .5 + 2, 0 + 2 (integrated 2-year)):	1 + 1
2.2. The institutional academic calendar is based on:	Semester
2.3. Number of terms (semesters, quarters, trimesters) required for completion of the curriculum:	5
2.4. Total length (in weeks) of the complete program:	79
2.4a. If the total program length exceeds 80 academic weeks, provide evidence that the additional length is required to address problems with student outcomes.	
2.5. Number of semester CREDITS required for completion of the program:	
2.5a. General education credits; including pre-requisites:	29
2.5b. Technical Education credits: Classroom/Laboratory courses (including independent study, distance learning courses, etc.):	31
2.5c. Technical Education credits: Clinical Education courses:	9
2.6. Length of full-time clinical education:	
2.6a. Total number of weeks spent in FULL-TIME (35 or more hours per week) clinical education:	18
2.6b. Length (in weeks) of the terminal clinical education experience(s):	16

Scheduling Format and Curriculum Model

3.1. Indicate which one of the following most closely describes the curriculum model:	Hybrid
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Cost to Student

4.1. Indicate the ANNUAL TUITION for a full-time student enrolled in the technical phase of the program, utilizing September 1 through August 31 timeframe to calculate the annual tuition; enter 0 if not applicable:	
4.1a. Public institution, in-district student:	\$5,840.00
4.1b. Public institution, out-of district student:	\$10,440.00
4.1c. Private institution:	\$0.00
4.2. Indicate the annual institutional fees for a full-time student enrolled in the technical phase of the program:	\$0.00
4.3. Indicate the total cost of other program-related expenses:	\$4,500.00
4.4. Indicate the total cost of the program for students scheduled to graduate in 2017:	
4.4a. Public institution, in-district student:	\$10,340.00
4.4b. Public institution, out-of district student:	\$14,940.00
4.4c. Private institution:	\$0.00

Program Budget

5.1. Is this an AAR for an Expansion program? Yes/No If No, skip to question 5.2.	Yes
5.1a. Does the expansion program have a separate budget? Yes/No If Yes, continue with 5.2. If No, skip to question 6.1.	No
5.2. Total budgeted core faculty and staff salary expenses for 2017-2018, excluding benefits:	
5.2a. Has there been significant change (>10% annually or >25% for the years identified on the paper version of the questions) in the total program budgeted salary expenses (excluding benefits)?	No
5.2b. If Yes, indicate the impact of the change on the program:	
5.2c. If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:	

5.2d. If No, indicate the impact of the absence of change on the program:	No Perceivable Impact
5.2e. If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact.	
5.3. Total budgeted operating expenses for 2017-2018, excluding core faculty and staff salary and benefits:	\$22,359.00
5.3a. Has there been a significant change (>10% annually or >25% for the years identified on the paper version of the questions) in the total program budgeted operating expenses (excluding salary and benefits)?	Yes
5.3b. If Yes, indicate the impact of the change on the program:	Highly Beneficial
5.3c. If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:	
The operating budget was increased in previous years to purchase equipment that enhanced student learning to be reflective of contemporary physical therapy practice.	
5.3d. If No, indicate the impact of the absence of change on the program:	
5.3e. If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact.	

Distance Education

6.1. What is the total number of required courses in the technical curriculum?	16
6.2. Indicate the number of courses required in the professional/technical program	
6.2a. For which the ENTIRE course is offered in an asynchronous format:	9
6.2b. For which the didactic portion is offered in an asynchronous format and laboratory classes are on-site:	4
6.2c. For which the didactic portion is offered entirely in a synchronous distance education format:	0
6.3a. Based on the information reported above in responses to questions 6.1 and 6.2b, 6.2c and 6.2d, the percent of the curriculum taught by synchronous or asynchronous formats is:	81.25
6.3b. Since the last AAR, does the response in 6.3 represent an increase of 25% or more of the technical phase of the curriculum being taught through synchronous or asynchronous formats?	No
6.3c. If the change was more than 10% of the curriculum, describe the changes:	

Space Allocation

7.1. Indicate the square footage of teaching laboratory space that is routinely allocated for use by the program:	2520
7.2. Has there been any change in the allocation or quality of accessible space?	No
7.2a. If Yes, indicate the impact of the change on the program:	
7.2b. If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:	
7.2c. If No, indicate the impact of the absence of change on the program:	No Perceivable Impact
7.2d. If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact.	

Clinical Education

8.1. Number of clinical education sites with which the program had a clinical education agreement as of September 1, 2017:	149
8.2. Is the depth and breadth of clinical education sites used by the program sufficient to provide every student experiences necessary to achieve entry-level competence?	Yes
8.2a. If No, indicate the impact on the program and explain how it is being addressed.	
8.3. Were students placed in clinical education experiences during the last academic year? If no, skip questions 8.4 - 8.6f and go to section 9	Yes
8.4. Of the clinical instructors who worked with your students during the 2016-2017 year, what percent (%) were Credentialed Clinical Instructors?	32
8.5. Of the clinical instructors who worked with your students during the 2016-2017 year, what percent (%) held some type of certification of advanced clinical skill (e.g., ABPTS, FAAOMPT, other, but not first aid/CPR):	7
8.6. Since October 2016...:	
8.6a. ...Are you experiencing difficulty in maintaining access to sufficient clinical education sites for student placements?	No
8.6b. ...Have students been placed in clinical sites for which they have not had prior didactic instruction?	No
8.6c. ...Have any students had a clinical instructor who has had less than one year of clinical experience?	No
8.6d. ...Have any students been assigned a CI of record who is not a PT or PTA?	No
8.6e. ...Have you delayed student(s) graduation due to cancellation or difficulty in making clinical education placements?	No
8.6f. If Yes to any of the above #8.6 Questions, briefly explain:	

Applicant Admission Information

9.1. How many times per year do you matriculate a new cohort of students in the TECHNICAL PHASE of the program?

	Month Admitted	Planned Class Size
Cohort #1	9.2a. 05	9.2b. 30
Cohort #2	9.2c.	9.2d. 0
Cohort #3	9.2e.	9.2f. 0
Cohort #4	9.2g.	9.2h. 0

9.3. Has the planned class size of any cohort increased by 10% or more from the last academic year?

No

Cohort Details - Cohort #1

10.1. Number of applicants:	63
10.2. Number of applicants who met all admission requirements, including timely submission of required documentation:	40
10.3. Number of applicants offered a place in the class:	33
10.4. Number of accepted students who enrolled in the program:	30
10.5. Was there an increase or decrease (of 10% annually or more than greater 25% over three years), whether temporary or permanent, in the size of class enrolled this year into the TECHNICAL PHASE of the program?	No
10.5a. If Yes, indicate the impact of the change on the program:	
10.5b. If Yes, indicate the change, identify if the change is temporary or permanent, and describe how the program is addressing the impact of increased enrollment, faculty workload, faculty numbers, classroom and laboratory resources (space, equipment, supplies) and clinical education sites:	
10.6. Average age of students who enrolled in the technical phase of the program:	26

Enrollment Information

11.1. Indicate the enrollment as of October 1, 2017, for each class of students IN THE TECHNICAL PHASE OF THE PROGRAM:

Men			
Freshman:	0	Sophomore:	0
Total:	0		
Women			
Freshman:	0	Sophomore:	7
Total:	7		
Other/Choose Not to Answer			
Freshman:	0	Sophomore:	0
Total:	0		

11.2. Indicate the total number of students enrolled IN THE TECHNICAL PHASE OF THE PROGRAM (as of October 1, 2017) who are of the following race or ethnic origin:

Hispanic/Latino of any race:	0	American Indian/Alaskan Native:	0
Asian:	0	Black or African-American:	1
Native Hawaiian/other Pacific Islander:	0	White:	6
Two or more races:	0	Unknown:	0
Total:	7		

11.3. Indicate the total number of students enrolled in the technical program (as of October 1, 2017) who, upon entering the professional program, held the following highest earned degree:

11.3a. Baccalaureate degree:	4
11.3b. Master's degree:	0
11.3c. Doctoral degree:	0

Program Graduates

12.1. Number of students who graduated or are expected to graduate in 2017:	10
12.2. Number of 2017 graduates who are of the following race or ethnic origin:	
12.2a. Hispanic/Latino of any race:	0
12.2b. American Indian/Alaskan Native:	0
12.2c. Asian:	0
12.2d. Black or African-American:	0

12.2e. Native Hawaiian/other Pacific Islander: 0
 12.2f. White: 10
 12.2g. Two or More Races: 0
 12.2h. Unknown: 0
 12.3. Based on current enrollments and average attrition rates to date, and in consideration of changes in applicant pools, please estimate the number of graduates expected over the next five years. If No graduates in a given year, enter "0" (zero):
 12.3a. 2018: 10
 12.3b. 2019: 10
 12.3c. 2020: 10
 12.3d. 2021: 10
 12.3e. 2022: 10

Graduation Rate

Class Year	Graduation Rate (%)
2014	90.0
2015	100.0
2016	66.7

Class Year - 2014

G1.1. Cohort Graduating Yes
 G1.1a. If Yes, how many cohorts graduated in the year being reported? 1

2014 - Cohort 1

G1.2. MM/YYYY of Matriculation 05/2013
 G1.3. MM/YYYY of Expected Graduation 05/2014
 G1.4. MM/YYYY that represents 150% of program length November 2014

Number of Students Matriculated:

G1.5. Number of students matriculated 1st term after Add/Drop 12

Number of Students In Original Cohort Who:

G1.6. Graduated on Time 9
 G1.7. Required 101%-150% of Time 0
 G1.8. Required > 150% of Time 0
 G1.9. Are Still Enrolled in Program 0

Number of Students In Original Cohort Who Did Not Complete the Program Due To:

G1.10a. Academic Deficit 1
 G1.10b. Clinical Deficit 0
 G1.10c. Died/Severely Disabled/Active Military Duty 0
 G1.10d. Health/Family Issues 2
 G1.10e. Other Reasons 0

G1.11. Graduation Rate 90

G1.12. If students left for other reasons (G1.10e), identify the reasons, the number of students involved for each reason and briefly describe the assessment of changes needed/taken, if any:

Class Year - 2015

G1.1. Cohort Graduating Yes
 G1.1a. If Yes, how many cohorts graduated in the year being reported? 1

2015 - Cohort 1

G1.2. MM/YYYY of Matriculation 05/2014
 G1.3. MM/YYYY of Expected Graduation 05/2015
 G1.4. MM/YYYY that represents 150% of program length November 2015

Number of Students Matriculated:

G1.5. Number of students matriculated 1st term after Add/Drop 7

Number of Students In Original Cohort Who:

G1.6. Graduated on Time 5
 G1.7. Required 101%-150% of Time 0

G1.8. Required > 150% of Time	0
G1.9. Are Still Enrolled in Program	0
Number of Students In Original Cohort Who Did Not Complete the Program Due To:	
G1.10a. Academic Deficit	0
G1.10b. Clinical Deficit	0
G1.10c. Died/Severely Disabled/Active Military Duty	0
G1.10d. Health/Family Issues	1
G1.10e. Other Reasons	1
G1.11. Graduation Rate	100

G1.12. If students left for other reasons (G1.10e), identify the reasons, the number of students involved for each reason and briefly describe the assessment of changes needed/taken, if any:

Two students withdrew from the program voluntarily

Class Year - 2016

G1.1. Cohort Graduating	Yes
G1.1a. If Yes, how many cohorts graduated in the year being reported?	1

2016 - Cohort 1

G1.2. MM/YYYY of Matriculation	05/2015
G1.3. MM/YYYY of Expected Graduation	05/2016
G1.4. MM/YYYY that represents 150% of program length	November 2016

Number of Students Matriculated:

G1.5. Number of students matriculated 1st term after Add/Drop	13
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Number of Students In Original Cohort Who:

G1.6. Graduated on Time	8
G1.7. Required 101%-150% of Time	0
G1.8. Required > 150% of Time	0
G1.9. Are Still Enrolled in Program	0

Number of Students In Original Cohort Who Did Not Complete the Program Due To:

G1.10a. Academic Deficit	4
G1.10b. Clinical Deficit	0
G1.10c. Died/Severely Disabled/Active Military Duty	0
G1.10d. Health/Family Issues	0
G1.10e. Other Reasons	1

G1.11. Graduation Rate	66.7
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G1.12. If students left for other reasons (G1.10e), identify the reasons, the number of students involved for each reason and briefly describe the assessment of changes needed/taken, if any:

Two students did not complete required assignments. Two students reported having difficulty with learning and retaining information secondary to working and driving an hour to campus. One student withdrew without stating the reason.

Employment Licensure Information

Employment Rate

14.1. Did the program have graduates last year? If NO, skip to Question 14.4.	Yes
14.2. If yes, what percentage of those who graduated last year and who sought employment in physical therapy (full-time or part-time) were employed within 1 year following graduation? Enter percentage as a whole number (i.e. "25", not "0.25") and do NOT enter a % sign.	100
14.3. What data is used to determine employment rate (for example, graduate surveys)?	graduate surveys, program reconciled data

Licensure Rate

14.4. Verify that the following URL is the correct, direct link to the program's web posting of graduation, licensure and employment rates. If not, replace with the correct URL before moving to the next question.

<http://www.jeffersonstate.edu/programs/physical-therapist-assistant/physical-therapist-assistant-program-outcomes/>

Faculty General Information - Core Faculty

15.1a. PT FULL-TIME positions allocated to the program:	3
15.1b. PT PART-TIME positions allocated to the program:	0
15.1c. Non-PT FULL-TIME positions allocated to the program:	0

15.1d. Non-PT PART-TIME positions allocated to the program:	0
15.1e. FTEs the above number of core faculty represent:	3.99
Faculty General Information - Current Vacancies	
15.2a. Number of current (2017-2018) vacancies in currently allocated (budgeted) core faculty positions:	0
15.2b. Are 30% or more of the core faculty positions allocated to the entry-level program vacant or filled temporarily with adjunct faculty?	No
15.2c. If Yes, indicate the impact of the vacancy on the program:	
15.2d. If Yes, describe how the program is addressing the impact of the vacancies:	
15.2e. Has there been a decrease of 25% or more over the most recent three years of the FTEs of core faculty positions allocated to the entry-level program?	No
15.2f. If Yes, indicate the impact of the FTE decrease on the program:	
15.2g. If Yes, describe how the program is addressing the impact of the FTE decrease:	
15.2h. Is the position of Program Administrator currently vacant or occupied by an interim or acting administrator?	No
15.2i. Is the position of ACCE/DCE currently vacant or occupied by an interim or acting ACCE/DCE?	No
Faculty General Information - Turnover	
15.2j. Percent of core faculty positions turned over since October 2016:	0
Faculty General Information - Projected Vacancies	
15.3a. Projected vacancies in currently allocated core faculty positions:	0
15.3b. Projected vacancies due to new core faculty positions, if any:	0
15.3c. Is the position of Program Administrator projected to be vacant at the end of the current academic year?	No
15.3d. Is the position of ACCE/DCE projected to be vacant at the end of the current academic year?	No
Faculty General Information - Faculty to Student Ratios	
15.4a. What is the core faculty to student ratio?	7
15.4b. Average faculty to student ratio during laboratory experiences?	10
Faculty General Information - Associated Faculty	

Discipline of Highest Earned Degree:	Not Applicable	Total Years As Faculty:	10
Total Years As Faculty in Program:	10	Primary Area of Expertise Taught in Curriculum:	Other
Secondary Area of Expertise Taught in Curriculum:	Other	Enrolled in Degree Program:	No
Certified Clinical Specialist:	Not Applicable	Credentials:	Dummy

2017 Annual Report Continued Compliance - Jefferson State Community College - PTA

1. Does the program have an on-going process for assessment of the following aspects of its operation?

Mission, goals and expected program outcomes: If No explain why:	Yes
Expected student outcomes / Performance of graduates (i.e., after they enter the workforce): If No explain why:	Yes
Institutional policies and procedures: If No explain why:	Yes
Program policies and procedures: If No explain why:	Yes
Admissions criteria and prerequisites: If No explain why:	Yes
Core faculty: If No explain why:	Yes
Associated faculty: If No explain why:	Yes
Curriculum: If No explain why:	Yes
Clinical education faculty: If No explain why:	Yes
Clinical education program: If No explain why:	Yes
Resources: If No explain why:	Yes

2. Has there been any change in the program's assessment processes? No

If Yes, describe the change:

3. Has there been any change in the INSTITUTION mission that affects the program? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change and its effect on the program. If the impact is adverse, describe the program's response to the change:

4. Has there been any change in the PROGRAM mission? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:

If No, indicate the impact of the absence of change on the program: No Perceivable Impact

If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact:

5. Is the program meeting its mission? Yes

If Yes, provide examples of how the mission is being met:

Employers of the class of 2015 responded to a 12-month survey that graduates were either very well prepared or adequately prepared to (1) work under the supervision a PT in an ethical, safe, and effective manner. (2) Participation in continuing education development of knowledge and skills. Graduates of the class of 2016 responded to a 6-month survey that they were participating in staff development, reading professional journals and attending workshops to continue on the path of life-long learning.

If No, explain what component(s) of the mission are not being met AND describe the program's response to not meeting its mission:

6. Has there been any change in program goals and expected program outcomes? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:

If No, indicate the impact of the absence of change on the program: No Perceivable Impact

If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact:

7. Is the program meeting its goals and expected program outcomes? Yes

* If Yes, provide examples of how the goals and objectives are being met:

Graduates of the class of 2015 responded to a 12-month survey that they were very well prepared (1) Provide physical therapy services in a safe, legal, and ethical manner (2) Promote the continued development of the profession of physical therapy. Employers of the class of 2015 responded to a 12-month survey that graduates were very well prepared to work under the supervision of a PT in an ethical, safe, and effective manner. A graduate of the class of 2016 responded to a 6-month survey that they were very well prepared to (1) Integrate knowledge of basic and applied sciences to perform physical therapy under the supervision of and with ongoing communication with the physical therapist (2) Work effectively with physical therapists, other physical therapist assistants, and other health care providers in a variety of environments.

If No, explain what is not being met AND describe the program response to not meeting its goals and objectives:

8. Has there been any change in the program's statements of expected student outcomes? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:

If No, indicate the impact of the absence of change on the program: No Perceivable Impact

If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact:

9. Are the students/graduates meeting the program's expected student outcomes? No

If Yes, provide examples of how the expected outcomes are being met:

If No, explain what expected program outcomes are not being met AND describe the program response to students/graduates not meeting the program's expected:

The program did not meet the graduate rate outcome for the class of 2016. Program graduates were added to the program summer orientation presentation to allow students the opportunity to view the program from a student's perspective. The program faculty members will continue to offer an Introduction to PTA seminar. This seminar provides students with an opportunity to recognize the educational requirements and expectations of the PTA program; participate in learning experiences; demonstrate the attributes, characteristics, and behaviors expected of a professional student. All core faculty attended "New Student Orientation" to advise pre-PTA students in preparation for the PTA program. The program faculty will continue to provide mid-term advising to identify any student issues with course material.

10. Has there been any change in institutional policies or governance at any level that affects program faculty or students? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:

If No, indicate the impact of the absence of change on the program: No Perceivable Impact

If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact:

11. Has there been any change in the program's faculty policies and procedures? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:

If No, indicate the impact of the absence of change on the program: No Perceivable Impact

If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact:

12. Has there been any change in the program's academic (core and/or associated) faculty evaluation and development processes? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:

If No, indicate the impact of the absence of change on the program: No Perceivable Impact

If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact:

13. Has there been any change in the program for clinical faculty evaluation and development? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:

If No, indicate the impact of the absence of change on the program: No Perceivable Impact

If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact:

14. Has there been any change in student policies and procedures? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:

If No, indicate the impact of the absence of change on the program: No Perceivable Impact

If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact:

15. Has there been a change in the academic administrator/program director during the reporting period? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:

16. Has there been a change of the ACCE/DCE during the reporting period? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change and the impact of the change. If the impact is adverse, describe the program's response.

17. Has there been any change in the didactic (classroom/laboratory) component of the curriculum? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:

If No, indicate the impact of the absence of change on the program: No Perceivable Impact

If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact:

18. Has there been any change in the clinical education component of the curriculum? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:

If No, indicate the impact of the absence of change on the program: No Perceivable Impact

If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact:

19. Has there been any change in the variety and number of clinical sites available to the program? Yes

If Yes, indicate the impact of the change on the program: Highly Beneficial

If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:

The program has increased the number of clinical sites. This increase will assist the ACCE with providing variety for student placement.

If No, indicate the impact of the absence of change on the program:

If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact:

20. Has there been any change in the availability of support staff allocated to the program? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:

If No, indicate the impact of the absence of change on the program: No Perceivable Impact

If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact:

21. Has there been any change in the library or learning resources available to students and faculty? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:

If No, indicate the impact of the absence of change on the program: No Perceivable Impact

If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact:

22. Has there been any change in services available to students? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:

If No, indicate the impact of the absence of change on the program: No Perceivable Impact

If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact:

23. Has there been any change in the allocation or quality of accessible space? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:

If No, indicate the impact of the absence of change on the program: No Perceivable Impact

If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact:

24. Has there been any change in the availability and accessibility to equipment or materials used for teaching or research by faculty or students? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:

If No, indicate the impact of the absence of change on the program: No Perceivable Impact

If No and the impact is adverse, describe why the impact is adverse and the program's response to the adverse impact:

25. Has there been any change in the INSTITUTION's accreditation status? No

If Yes, indicate the impact of the change on the program:

If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change:

26. Please comment about other changes, if any, that have affected the program's continued compliance with the evaluative criteria: