Preparation for next cyclical review

The Academic Quality Enhancement (AQuE) office can support your program review in the following ways. Please indicate which support you may need and provide us with a contact name from your program for each type of support requested. Someone from our office will reach out to schedule a first conversation and/or connect you with support. Scheduling these things now will make work much easier in the future.

|  |  |  |
| --- | --- | --- |
|  | **Type of support** | **Contact name** |
|  | **Alumni surveys** |  |
| *Qualitrics support, scheduling, survey questions* | | |

|  |  |  |
| --- | --- | --- |
|  | **Student surveys/focus groups** |  |
| *Qualitrics support, survey questions, facilitating focus groups* | | |

|  |  |  |
| --- | --- | --- |
|  | **Teaching assessment data** |  |
| *Compiling and interpreting teaching assessment data* | | |

|  |  |  |
| --- | --- | --- |
|  | **Curriculum map** |  |
| *Does your curriculum map need to be updated?* | | |

|  |  |  |
| --- | --- | --- |
|  | **Decolonization and Indigenization** |  |
| *Does your program have a decolonization and Indigenization plan? Would you like us to connect you with supports to discuss strategies for developing a plan?* | | |

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|  | **Transferable employment skills (co-op)** |  |
| *Would you like to have a conversation with co-op about employer and student data that can support thinking about curriculum and the transferable employment skills and knowledge of your students?* | | |

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| --- | --- | --- |
|  | **Other** |  |
| *List the type of support you would like here.* | | |
| *Is there other support our office could provide or connect you with to help you with the review process?* | | |

**Program(S):** pROGRAM name and Credentials, e.g., Philosophy (BA, MA, PhD)

|  |  |  |  |
| --- | --- | --- | --- |
| Previous review period: |  | Next review period: |  |
| Due Date: | Date | Submission date: | Date |
| SUC/SGRC approval date: | Date | | |
| Link to Final Assessment Report: |  | | |

**Program information**: *completed by AQUE Office*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Required | Signature | Date |
| Chair/Director |  |  | Click or tap to enter a date. |
| AFIW Chair |  |  | Click or tap to enter a date. |
| Dean |  |  | Click or tap to enter a date. |
| AFIW Dean |  |  | Click or tap to enter a date. |
| AVPA |  |  | Click or tap to enter a date. |
| AVPGSPA |  |  | Click or tap to enter a date. |

**Signatures**:

**Enrollment** (past three years): *completed by AQUE Office*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | General | Honours | Co-op | Grad |
| 20XX-XX (CURRENT YR) |  |  |  |  |
| 20XX-XX (LAST YR) |  |  |  |  |
| 20XX-XX |  |  |  |  |

Based on Active Students Extract in Quest: [Date]

**Program differentiators**:

*As a program, what are your differentiators relative to comparable programs? (Why should a prospective student choose your program?)*

**Progress update on Implementation Plan**

**RECOMMENDATION 1:** *Recommendation*

Completed: Yes No Partially

**Progress:** *What specific actions have been taken?*

**Next steps (if applicable):** *What actions remain to be taken?*

**Additional comments:** *If applicable, explain any circumstances that have altered the original implementation plan and/or report on anything else you believe is appropriate to bring to Senate concerning this recommendation.*

**RECOMMENDATION 2:** *Recommendation*

Completed: Yes No Partially

**Progress:** *What specific actions have been taken?*

**Next steps (if applicable):** *What actions remain to be taken?*

**Additional comments:** *If applicable, explain any circumstances that have altered the original implementation plan and/or report on anything else you believe is appropriate to bring to Senate concerning this recommendation.*

**RECOMMENDATION 3:** *Recommendation*

Completed: Yes No Partially

**Progress:** *What specific actions have been taken?*

**Next steps (if applicable):** *What actions remain to be taken?*

**Additional comments:** *If applicable, explain any circumstances that have altered the original implementation plan and/or report on anything else you believe is appropriate to bring to Senate concerning this recommendation.*

**Initiatives/developments**

*Explain any significant developments or initiatives that have arisen since the cyclical program review.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Recommendations** | **Proposed Actions** | **Responsibility for Leading and Resourcing (if applicable) the Actions** | **Timeline for addressing Recommendations** |
| 1. | Add updates here | Add updates here | Add updates here | Add updates here |
| 2. | Add updates here | Add updates here | Add updates here | Add updates here |
| 3. | Add updates here | Add updates here | Add updates here | Add updates here |
| 4 | Add updates here | Add updates here | Add updates here | Add updates here |

The Department Chair/Director, in consultation with the Dean of the Faculty shall be responsible for monitoring the Implementation Plan.