**Strengthening Career and Technical Education for the 21st Century (Perkins V)**

**SUMMARY REPORT FOR SELF-STUDY EVALUATION**

**OF OCCUPATIONAL PROGRAMS**

### SECTION 1: GENERAL INSTRUCTIONS

* Complete this Summary Report for EACH occupational program reviewed.
  + In special circumstances similar programs with different CIP codes may be evaluated together.
    - Separate demographic pages must be completed for each program by August 30.
* A copy of the completed evaluation document for EACH program must be kept on file at the college.
  + This document may be requested at a later date for state or federal audit purposes.
* Update Program Inventory with the date the evaluation was completed (DATE SELF-STUDY COMPLETED) and the year the program will next be evaluated (YR TO BE EVALUATED).

### SECTION 2: SUBMITTING EDUCATIONAL AGENCY

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| --- | --- |
| **College:** | **Date:** |
| **Occupational Education Contact Person:** | |
| **Title:** | **Email:** |
| **Phone:** | **Fax:** |

### SECTION 3: PROGRAM INFORMATION

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| **Program Name:** | |
| CIP Code: | **Program Start Date:** |
| **Award/Degree Level (select all that apply):**  <1 Year  ≥ 1 Year but < 2 Years  2-Year Certificate/Associate Degree  ≥ 2 Years but < 4 Years | |
| **High-Skill, High-Wage, or In-Demand (select all that apply based upon State Criteria):**  High-Skill High-WageIn-Demand | |

1. **Last Three Years Program Enrollment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reporting  Year  (e.g. 2019-20) | Number of Participants | Number of Concentrators | Number of Students Retained, Transferred or Placed (1P1) | Number of Students Who Earned a Credential (2P1) |
|  |  |  |  |  |
|  |  |  |  |  |
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1. **Core Performance Indicator Outcomes (Most Recent Year)**

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| --- | --- | --- | --- |
| Core Indicator  (Perkins V) | College Target | College Outcome | Program Outcome |
| 1P1: The percentage of concentrators identified in the reporting period who did not return to any CTE program of study in the subsequent year (exiter) and were **Retained** at the same postsecondary institution; or **Transferred** to a different postsecondary institution; or were **Placed or Retained in Employment**; or were serving in the **Military**; or were in **Advanced Training**; or were in a **National and Community Service Program**; or were **Peace Corps Volunteers** in the year after exit. |  |  |  |
| 2P1: The percentage of concentrators identified in the reporting period who did not return to any CTE program of study in the subsequent year (exiter) and received a **Recognized Postsecondary Credential** in the exit year, or within one year of program exit. |  |  |  |
| 3P1: The percentage of CTE concentrators enrolled in programs leading to a non-traditional field for their gender.  *\*Indicate N/A if program is not nontraditional.* |  |  |  |

1. **Data Analysis. Provide a brief analysis of your data and explain what ramifications these data have for program improvement, especially in the areas of the Core Performance Indicators.**

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## SECTION 4: SUMMARY OF EVALUATION

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| 1. **Evaluation Perceptions of Administrators and Faculty** | Number of Administrators  and Faculty Participating: |  |
| Comments: | | |
| Recommendations: | | |

|  |  |  |
| --- | --- | --- |
| 1. **Evaluation Perceptions of Students** | Number of  Students Participating: |  |
| Comments: | | |
| Recommendations: | | |

|  |  |  |
| --- | --- | --- |
| 1. **Evaluation Perceptions of Advisory Committee Members** | Number of Advisory Committee Members Participating: |  |
| Comments: | | |
| Recommendations: | | |

## SECTION 5: COMMUNITY COLLEGE ACTION PLAN

Use additional sheets if necessary.

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| Goals/Objectives (be specific): |
| Timelines (include anticipated completion date) and Resources (materials and staff, etc.): |
| Performance Improvement Plan: |

*Note:* This does not constitute the final narrative report or the final expenditure report for the evaluation activity.

### SECTION 6: CERTIFICATION

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| --- | --- |
| I certify that the information submitted on this application is accurate and complete to the best of my knowledge. | |
| President:  (Signature) | (Date) |
| Occupational Educaiton Contact:  (Signature) | (Date) |