**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

|  |  |
| --- | --- |
| **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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ReportingYear(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) |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

1. **Core Performance Indicator Outcomes (Most Recent Year)**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 Administratorsand 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) |