



**Annual Report Form
for
Accredited Programs
(Summer 2014 - Spring 2015)**

**Place all information in this document and return to
Dr. Norma Winston at NWINSTON@UT.EDU**

Institution

Name of Program

Program Director

Name of Person Completing Report

Faculty: List faculty membership in Practice Associations e.g. ASA Practice Section

Students: Number of students completing Program in the past year: _____
(Please attach list of graduates for student registry)
Number of students entering Program in the past year: _____
Number of students currently in Program: _____

Web Listing: How should Program be listed on the CAPACS website? Please include contact person and website link.

Journal of Applied Social Science:

Has your Program received copies of this journal? Yes__ No__

If yes, where is this journal located? _____

Do students have access? Yes__ No__

In the last year have any changes occurred at the *Program* level that have had an impact on the accredited program and affect (or will affect) delivery of the accredited program? Yes__ No__

If yes, please provide details below.

In the last year have any changes occurred at the *departmental* level that have had an impact on the accredited program and affect (or will affect) delivery of the accredited program? Yes__ No__

If yes, please provide details below.

In the last year have any changes occurred at the *college/university* level that have had an impact on the accredited program and affect (or will affect) delivery of the accredited program? Yes__ No__

If yes, please provide details below.

In the last year have any changes occurred at the *institutional* level that have had an impact on the accredited program and affect (or will affect) delivery of the accredited program? Yes__ No__

If yes, please provide details below.

In the last year have any changes occurred within the curriculum? Yes__ No__

If yes, please provide details below.

In the last year have any changes occurred within the practice experience? Yes__ No__

If yes, please provide details below.

In regard to Standard 4.2 (Assessment of Student Learning Outcomes and Continuous Quality Improvement) how has the Program responded to student evaluations and/or findings from the Program assessment plan?

Please provide details below.

Notable Accomplishments During the Past Year:

Please provide details of awards, publications and other accomplishments of both faculty and students below.

Progress Report Regarding Full Meeting of Standards:

Indicate any concerns raised during your most recent accreditation/reaccreditation and indicate progress made in meeting these. Please provide details below.

Any Assistance which the Program may require from the Commission? Yes__ No__

If yes, please provide details below.

Signatures (electronic):

Director

Department Chair

Person Completing Report

Date Submitted