



Program Review Feedback Report

2014-15 Program Review Cycle

Add Name of Program

Date

List Feedback Team Members

Overview and Feedback Team Members:

After individually reviewing the **Department Name** Program Review, Recommendations, and SLOs, the Feedback Team met on **Date** at **Location** to discuss these materials and meet with the department representative to discuss findings and ask questions

Feedback Team Members:

- **Cassie Leal, Research Analyst-Facilitator**
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Department Representatives:

- **Joe Short, Program Director and Professor**
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Program Review Summary Report:

1. *Accomplishments and strengths for which the Department/Program should be noted:*
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2. *If there were areas of the Program Review that were omitted or would benefit from additional details, list them here:*
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3. *If there were areas in the Program Review where the sited data did not match the conclusions or recommendations made, list them here:*
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4. *Concerns and challenges identified by the Program Review Feedback Team:*
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5. *Suggestions and recommendation the Program Review Feedback Team has for the program:*
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6. *Program Recommendations identified by the Program Review Feedback Team as crucial to the Departments/Programs future and/or vision:*
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Submitted by:

FACILITATOR NAME
POSITION
DATE