



## Annual Program Plan/Review Feedback Form - IPC

**Program** Radiologic Technology **Division** Science & Technology  
**IPC Member(s)** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Reviewers** Linda Hayes, Michelle Morton & Denise Erickson **Reviewed** 5/10/13

**The purpose of this form is to provide feedback to the Department/Program.**

I. Curriculum Offerings	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
<i>Guidelines: This section should include the following:</i>				
1. Status of curriculum updates for all courses.	Click here to enter text.	X	Click here to enter text.	Click here to enter text.
2. Status of SLOAC for all courses.	X no analysis indicated in section A.	Click here to enter text.	Click here to enter text.	Click here to enter text.
3. A description of the complete curriculum offering cycle.	X did not list out coursework for degree	Click here to enter text.	Click here to enter text.	Click here to enter text.
4. A plan for necessary curriculum development.	x	Click here to enter text.	Click here to enter text.	Click here to enter text.
Comments/Questions: Need to be more explicit within the Annual Program plan.				

II. Program Level Data	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
<i>Guidelines: The data is prepared by the Office of Research and Planning and is to be attached to this document. This section should include the following:</i>				
1. Identification of trends on data packets.	Click here to	Click here to	x	Click here to

**Annual Program Plan/Review Feedback Form - IPC**

	enter text.	enter text.		enter text.
2. Identification of program performance.	Click here to enter text.	Click here to enter text.	Click here to enter text.	X clearly outlined stats for class of 2012.
3. Identification of PLOs (Program Learning Outcomes) assessment plan.	Click here to enter text.	Click here to enter text.	Click here to enter text.	X noted plans for program
4. Analysis of PLOs (Program Learning Outcomes) results.	X need to be explicit on analysis of PLOs	Click here to enter text.	Click here to enter text.	Click here to enter text.
Comments/Questions: Click here to enter text.				

<b>III. Action Plan</b>	<b>Incomplete information</b>	<b>Complete information, some analysis</b>	<b>Complete information, analysis</b>	<b>Complete information, analysis, plan</b>
<i>Guidelines: This section should include the following:</i>				
1. Reflections on Department/ Program needs and goals.	Click here to enter text.	Click here to enter text.	X	Click here to enter text.
2. An action plan for what is to be accomplished for the next year.	Click here to enter text.	Click here to enter text.	X	Click here to enter text.
Comments/Questions: Click here to enter text.				

<b>IVa. Faculty and Staff hiring needs</b>	<b>Incomplete information</b>	<b>Complete information,</b>	<b>Complete information,</b>	<b>Complete information,</b>
--	-------------------------------	------------------------------	------------------------------	------------------------------

**Annual Program Plan/Review Feedback Form - IPC**

	some analysis	analysis	analysis, plan
<i>Guidelines: The request should explain clearly and with supporting data how it will serve Department/Program/Division/College needs. Information from the most recent comprehensive program should be included.</i>			
1. Justification is consistent with accurate data.	Click here to enter text.	Click here to enter text.	Click here to enter text.
2. Justification fits Department/Division/College needs.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Comments/Questions: Click here to enter text.			

<b>IVb. Professional Development needs</b>	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
<i>Guidelines: The request should explain clearly how it will serve Department/Program/Division/College needs</i>				
Justification is consistent with Department/Program needs.	X need to list conferences, workshops faculty should plan on attending for the year.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Comments/Questions: Click here to enter text.				

<b>IVc. Classroom and Instructional Equipment needs</b>	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
<i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs including Item description, Number of Items, Total Cost</i>				
1. Complete source/cost information (item description, suggested vendor, number of items, total cost).	Click here to enter text.	Click here to enter text.	X attached information on fluoroscopy program	Click here to enter text.



**Annual Program Plan/Review Feedback Form - IPC**

			needs.	
2. Justification is consistent with Department/Division/College needs (uses previous program plan information).	Click here to enter text.	Click here to enter text.	x	Click here to enter text.
Comments/Questions: Click here to enter text.				

<b>IVd. Office of Planning, Research &amp; Student Success data needs</b>	<b>Incomplete information</b>	<b>Complete information, some analysis</b>	<b>Complete information, analysis</b>	<b>Complete information, analysis, plan</b>
<i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs.</i>				
Justification is consistent with Department/Division/College needs.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Comments/Questions: No research is needed at this time.				

<b>IVe. Facility needs</b>	<b>Incomplete information</b>	<b>Complete information, some analysis</b>	<b>Complete information, analysis</b>	<b>Complete information, analysis, plan</b>
<i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs.</i>				
Justification is consistent with Department/Division/College needs.	Click here to enter text.	Click here to enter text.	X	Click here to enter text.
Comments/Questions: Estimate of \$100K to convert 5-112 into a functioning fluoroscopy training room.				

<b>Other/General Comments:</b> Click here to enter text.
---



**Annual Program Plan/Review Feedback Form - IPC**

IPC Co-Chair Signature C. Rhodes Date 6/5/13

VPI Co-Chair Signature [Signature] Date 5/23/13