The Annual Report – Part 2:

Reporting 
Student Achievement Data 
(Completion, Placement, and Licensure)

Cindy Sheldon, Kay Smarr, Joe Molmer 
November 2022

CHANGES TO THE ANNUAL REPORT TIMELINE

- Beginning with the 2022 Annual Report, the release date for the Annual Report software is changing.

- Beginning with the 2022 Annual Report, the submission deadline for the Annual Report is also changing.

- The reporting period for the Annual Report is not changing.
NEW Annual Report Release Date

- Going forward, the Annual Report software will be released in January on the Tuesday following the MLK Holiday.
- The 2022 Annual Report software will be released on:
  Tuesday, January 17, 2023

NEW Annual Report Submission Deadline

- Going forward, the Annual Report submission deadline will be March 1 (unless on a weekend).
- The 2022 Annual Report submission deadline will be:
  Wednesday, March 1, 2023
The period for report data (all sections except CPL data):

**Public/Non-Public/Job Corps/Apprenticeships:**

- July 1, 2021–June 30, 2022

**Federal Institutions:**

- October 1, 2021 – September 30, 2022

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**COE COMMISSION REVIEW**

- The 2022 Annual Report data will be submitted to the Commission for their review at the June 2023 meeting.

- Commission letters related to the Annual Report data will be sent after the June Commission meeting.

- Any follow-up data requested at the June Meeting will be due the following October and presented at the December Commission Meeting.
Know the Standard, Know the Language

Become very familiar with

Standard 3
Program and Institutional Outcomes
STANDARD THREE
Program Outcomes

Objectives of Accreditation Related to “Program Outcomes”

1. To verify that the institution evaluates program outcomes through a systematic plan for assessing program effectiveness, efficiency, and relevance by achieving specified quantitative requirements for: (a) program completion, (b) job placement, and (c) licensure examinations [See Section VII. Definitions - Plan.]

2. To ensure that program completers and employers are satisfied with the education that was received

Criteria of Accreditation Related to “Program Outcomes”

1. The institution submits accurate program completion data each year to the Commission for comparison with required benchmarks. (Objective 3-1)

2. The institution submits verifiable program completion data each year to the Commission for comparison with required benchmarks. (Objective 3-1)

3. FOR INITIAL ACCREDITATION ONLY: The majority of programs meet the required benchmark for completion for the most recent 12-month period possible. (Objective 3-1)

4. FOR ACCREDITED INSTITUTIONS ONLY: All programs meet the required benchmark for completion OR the institution has taken any actions required by the Commission due to program completion rates failing to meet the required benchmark. (Objective 3-1)

5. The institution submits accurate program placement data each year to the Commission for comparison with required benchmarks. (Objective 3-1)

6. The institution submits verifiable program placement data each year to the Commission for comparison with required benchmarks. (Objective 3-1)

7. FOR INITIAL ACCREDITATION ONLY: The majority of programs meet the required benchmark for placement for the most recent 12-month period possible. (Objective 3-1)

8. FOR ACCREDITED INSTITUTIONS ONLY: All programs meet the required benchmark for placement OR the institution has taken any actions required by the Commission due to program placement rates failing to meet the required benchmark. (Objective 3-1)

9. If applicable, the institution submits accurate licensure exam pass rate data each year to the Commission for comparison with required benchmarks. (Objective 3-1)

10. If applicable, the institution submits verifiable licensure exam pass rate data each year to the Commission for comparison with required benchmarks. (Objective 3-1)

11. FOR INITIAL ACCREDITATION ONLY: If applicable, the majority of programs meet the required benchmark for licensure exam pass rates for the most recent 12-month period possible. (Objective 3-1)
12. **FOR ACCREDITED INSTITUTIONS ONLY:** All applicable programs meet the required benchmark for licensure exam pass rate OR the institution has taken any actions required by the Commission due to licensure exam pass rates failing to meet the required benchmark. (Objective 3-1)

13. The institution has a written plan to ensure that program outcomes follow-up is systematic and continuous. (Objective 3-2)

The institution's written plan for program outcomes follow-up includes the following elements: [See Section VII. Definitions - Plan.]

14. Identification of responsibility for coordination of follow-up activities
15. Methods for collection of data on completion, placement, and licensure exam pass rates
16. Information collected from completers and employers of completers that is focused on program effectiveness
17. Methods for surveying completers and employers of completers to assess the level of satisfaction with the education that was received (Objective 3-2)

18. The program outcomes follow-up plan is reviewed annually by the faculty and administration (and revised as necessary). (Objective 3-2)

19. Program outcomes follow-up information is used to evaluate and improve the quality of program outcomes. (Objective 3-2)

20. Follow-up information is made available at least on an annual basis to instructional personnel and administrative staff. (Objective 3-2)
The Basis of Data Collection

❖ Current list of approved programs

- Available through MyCouncil
- Refer to the Policies and Rules for guidance on which programs must be on the list.

❖ Report only on those students who were enrolled in programs during the reporting period chosen

- Never report completion, placement, or licensure for students from a prior (or subsequent) reporting period

APPROVED PROGRAMS LIST IN MYCOUNCIL

<table>
<thead>
<tr>
<th>CP Code</th>
<th>Program Description</th>
<th>Secondary Students Only</th>
<th>Quarter Hours</th>
<th>Semester Hours</th>
<th>Clock Hours</th>
<th>Instructional Delivery Method</th>
<th>Degree</th>
<th>Technical Certification</th>
<th>State</th>
<th>New*</th>
</tr>
</thead>
<tbody>
<tr>
<td>81100</td>
<td>Counseling</td>
<td>No</td>
<td>0</td>
<td>0</td>
<td>150</td>
<td>7</td>
<td>Active</td>
<td>No</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>85100</td>
<td>Info Tech</td>
<td>No</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>7</td>
<td>Active</td>
<td>No</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>86100</td>
<td>MS Master Program</td>
<td>No</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>7</td>
<td>Active</td>
<td>No</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>86200</td>
<td>MS Master in Edu</td>
<td>No</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>7</td>
<td>Active</td>
<td>No</td>
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<tr>
<td>86300</td>
<td>MS Ed in Teach</td>
<td>No</td>
<td>0</td>
<td>0</td>
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<td>7</td>
<td>Active</td>
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<tr>
<td>86900</td>
<td>MS Ed in Tech</td>
<td>No</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>7</td>
<td>Active</td>
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<td></td>
<td>No</td>
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<tr>
<td>87100</td>
<td>Master Nursing</td>
<td>No</td>
<td>0</td>
<td>0</td>
<td>150</td>
<td>7</td>
<td>Active</td>
<td>No</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

*Non-Instructional Delivery Method: T = Traditional; H = Hybrid; D = Distance Education; TH = Traditional and Hybrid; TE = Traditional and Distance Education.

*New: Indicates the program is less than 90 days old.
**Program Categories**

<table>
<thead>
<tr>
<th>CATEGORY OPTIONS</th>
<th>SOFTWARE ACTION/ IMPORTANT REMINDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Program - Produced Graduates</td>
<td>Program Folder Opens</td>
</tr>
<tr>
<td>Active Program – No Graduates Produced</td>
<td>CLOSES PROGRAM FOLDER HAS STUDENTS ENROLLED OR PROGRAM RECENTLY APPROVED. Report data in the next annual report.</td>
</tr>
<tr>
<td>Data Included in Related Program Folder</td>
<td>CLOSES PROGRAM FOLDER This program is a credentialed exit point of a higher level program AT THE SAME CAMPUS. Provide combined data in the appropriate program folder.</td>
</tr>
<tr>
<td>Program Teaching Out Students</td>
<td>CLOSES PROGRAM FOLDER DOES NOT update the list of approved programs. Application Required.</td>
</tr>
<tr>
<td>Deleted</td>
<td>CLOSES PROGRAM FOLDER DOES NOT update the list of approved programs. Notification required.</td>
</tr>
</tbody>
</table>

**Data Included in Related Program Folder**

<table>
<thead>
<tr>
<th>ACCOUNTING PROGRAM Reporting Outcomes by Exit Point Credential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exit Point Credentials</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>Data Entry Certificate</td>
</tr>
<tr>
<td>Bookkeeper Certificate</td>
</tr>
<tr>
<td>Accounting Diploma</td>
</tr>
<tr>
<td>Accounting Degree</td>
</tr>
</tbody>
</table>

- How are exit points created and do they need COE approval?
- Why would exit points appear on the program list?
- Does CPL data have to be reported by exit point?
- What is the benefit of tracking outcomes by exit point?

- What is the benefit of tracking outcomes by highest credential?
- What are the drawbacks, if any?
- Can data be combined under the lowest credential level?
- Can you change this reporting option from year to year?

**ACCOUNTING PROGRAM Reporting by Highest Level Credential**

<table>
<thead>
<tr>
<th>Exit Point Credentials</th>
<th>Length</th>
<th># of Completers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Entry Certificate</td>
<td>315</td>
<td>--</td>
</tr>
<tr>
<td>Bookkeeper Certificate</td>
<td>950</td>
<td>--</td>
</tr>
<tr>
<td>Accounting Diploma</td>
<td>1200</td>
<td>--</td>
</tr>
<tr>
<td>Accounting Degree</td>
<td>1400</td>
<td>100 Total</td>
</tr>
</tbody>
</table>
Program Status

<table>
<thead>
<tr>
<th>OPTIONS</th>
<th>Requires Completion Data</th>
<th>Requires Placement Data</th>
<th>Requires Licensure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program DOES NOT Require Licensure for Employment</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
</tr>
<tr>
<td>Program REQUIRES Licensure for Employment</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Job Upgrade Training (Completion Data Only)</td>
<td>X</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Choosing a Reporting Period:

**General Guidelines**

- You choose the reporting period
  - Must account for 12 consecutive months within the specified window
  - Must cover the most current 12-month period possible
  - Must allow reporting of accurate data
  - Must include all programs and all campuses
  - Must remain consistent from year to year
    (occasional changes in reporting period are allowed with Council approval)
CPL - Choosing a Reporting Period

The Council gives member institutions an opportunity to choose the 12-month reporting period for this data because it is the institution who knows best the proper amount of time a thorough follow up on students can be accomplished.

While the Council asks that each institution report the most recent data possible, the most important issue to the Council as far as this data collection goes, is that the data reported in the annual report is accurate.

IMPORTANT! Only one reporting period must be used for ALL programs.

The three most critical factors for an institution to consider when choosing a reporting period are:

1. That the reporting period chosen follows the guidelines found at the beginning of the instructions for the CPL form (please refer to instructions for the CPL form).

2. That enough time is allowed for the institution to gather accurate completion and placement data on current and former students before the annual report is completed. This determination is based on a variety of factors such as:
   a. The size of the service area of the institution
      If the service area is large and follow up on students and former students is difficult, more time may be needed.
   b. The employment opportunities available within the service area
      If employment opportunities are limited for non-graduate and graduate completers, more time may be needed in order for those students to secure employment.
   c. The number of students served by the institution
      If the institution’s enrollment is large in relation to the number of institutional staff in charge of follow up efforts or the method used for follow up, more time may be needed to collect data.
   d. The types of students served by the institution
      Some institutions served large numbers of transient or international students. Transient students include those who are either active military or members of a military family, and those who are employed or married to employees in occupations that require frequent relocation. If this is the case, more time may be needed for follow up.
3. That appropriate time for collecting data on licensure exam pass rates (if applicable) from state and federal agencies is allowed before the annual report is completed.

This determination is based on a variety of factors such as:

a. When exams are administered

Some students in licensure programs may have several opportunities throughout the year to sit for a licensure exam, while others are limited by test administration dates, geography, or other factors.

b. How many attempts the students should have to pass the exams before the results are reported to the Council

Many students will not pass licensure exams on their first attempt. If the institution has what it considers to be a large number of students who require more than one attempt to pass these exams, be sure the reporting period chosen allows students a second or even third attempt. Also, consider the time the institution needs to offer remediation for those students who experience difficulty in passing the exam, if these services are provided.

c. How long it takes for the institution to collect exam results

Depending on the speed with which state or federal agencies move, it could take several weeks or more to receive exam results. If this process is considerable in length, the institution needs to factor this into the reporting period chosen for its programs so that the licensure pass rate data for the annual report will be available.

Finally, if the institution feels that the reporting period used for previous reports is not sufficient for the accurate collection of data, a request to change the reporting period must be submitted to the Council before a new reporting period is used. Simply submit this request in writing (via hard copy or email) and explain the circumstances that merit a change of reporting period.
Example #1: Fiscal Year

2021

Period Begins: July 1, 2021

Period Ends: June 30, 2022

2022

Minimum Follow Up Period:
8 Months for 2022 CPL
Report Due Date: March 1, 2023

Final Data Collection Period

2022

2023
Period Begins: Jan. 1, 2021

Period Ends: Dec. 31, 2021

Minimum Follow Up Period: 14 Months for 2022 CPL
Report Due Date: March 1, 2023
Do Not Use Calendar Year 2022
For the 2022 Annual Report

For the 2022 Annual Report, Reporting Periods should not end later than June 30, 2022

Using a calendar year 2022 Reporting Period does not allow for adequate follow up. Follow up would only be 2 months – Jan. & Feb. Due March 1, 2023

Choosing a Reporting Period:
The Good, The Bad, and THE UGLY

<table>
<thead>
<tr>
<th></th>
<th>Example 1: Fiscal Year</th>
<th>Example 2: Calendar Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Good</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Most Current Data</td>
<td>• More time for data collection for end-of-period completers</td>
<td></td>
</tr>
<tr>
<td>• Follow-Up by Visiting Teams more likely to be successful</td>
<td>• More time for placement assistance for all completers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• More opportunities for licensure testing</td>
<td>• Helps institutions with limited staff</td>
</tr>
<tr>
<td><strong>The Bad</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Less time for data collection for end-of-period completers</td>
<td>• Older data less-likely to provide successful follow-up by Visiting Teams</td>
<td></td>
</tr>
<tr>
<td>• Less time for licensure tests to be taken and results to be collected for end-of-period completers</td>
<td>• Doesn’t present most current program performance statistics for planning purposes</td>
<td></td>
</tr>
<tr>
<td><strong>THE UGLY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Challenging for placement outcomes in areas with higher than average unemployment</td>
<td>• More likely to result in findings from Unannounced Visiting Teams</td>
<td></td>
</tr>
<tr>
<td>• Total Student Achievement picture may be incomplete</td>
<td>• Triggered programs have much less time to enact changes and demonstrate progress</td>
<td></td>
</tr>
<tr>
<td>• May result in program triggers (placement and licensure) if accurate data cannot be collected</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Documentation, Documentation!

- Remember there must be documentation to support CPL data.
- Visiting teams (announced and unannounced) will ask to see the documentation to support the CPL data.
- Teams will follow up with students/employers to confirm Completion and Placement.
- One of the most common findings of non-compliance is the inability to verify CPL data.

INFORMATION REGARDING 2022 CPL REPORTING

- For the 2022 Annual Report, the established CPL benchmarks of 60% Completion, 70% Placement and 70% Licensure Pass Rate will be applied to CPL data for each active program.
- The requirements concerning the accuracy of data and the ability for the Council to verify reported CPL data are still in effect. As before, there must be documentation to support the CPL data.
- Institutions with programs not meeting the CPL benchmarks in the 2022 Annual Report will be placed or continued on Warning status at the June 2023 Commission meeting. Warning status for CPL is a non-restrictive status and does not influence processing or approving substantive changes.
**Requirements for 2022**

- Institutions placed on Warning status for CPL at the June 2023 Commission meeting will be required to submit interim CPL data and improvement plans for each triggered program. The June 2023 Commission letters will give the due date for the interim data and plans, likely late October.

- The improvement plan form can be found on the Council’s website. A plan must be submitted for each triggered program.

- The interim CPL data should be reported on the Excel spreadsheet found on the Council’s website. This interim data should begin where the 2022 CPL reporting period ended.

- Institutions with programs triggered in the 2022 Annual Report will have the length of the longest program to bring these programs into compliance or delete the triggered programs.

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**Time Period for Compliance – 2022 Annual Report**

*All programs triggered in the 2021 Annual Report have a compliance deadline of the 2023 Annual Report.*

Period is based on the length of the longest clock hour program offered by the institution

- **TWELVE MONTHS** if the program, or the longest program offered by the institution, is less than one year in length (less than 900 clock hrs)

- **EIGHTEEN MONTHS** if the program, or the longest program offered by the institution, is at least one year, but less than two years in length (900 – 1799 clock hrs)

- **TWO YEARS** if the program, or the longest program offered by the institution, is at least two years in length (1800 or more clock hrs)
Kay Smarr
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Joe Molmer
joe.molmer@council.org

thank you
GUIDELINES FOR ACTION ON PROGRAMS
THAT FAIL TO MEET ESTABLISHED BENCHMARKS

Upon completion of the annual report software each year, institutions are provided with a list of completion, placement, and licensure performance rates for each program reported.

The minimum student achievement benchmarks required to demonstrate compliance with the Council’s Standards and Criteria regarding program outcomes (Standard Three) are as follows:

- 60% Total Completion Rate
- 70% Total Placement Rate
- 70% Licensure Exam Pass Rate

These benchmarks apply to each program at each location approved by the Commission regardless of program length, enrollment, or credential offered.

Student achievement data is submitted annually by all candidate and accredited institutions (except Federal institutions) through the Council’s annual reporting software.

Institutions with one or more programs that fail to meet established benchmarks must submit, through the annual report software, an explanation for the program(s) failure to meet the benchmark(s), and a plan of improvement for each triggered program.

Once the Annual Report is submitted to the Commission office, a summary of all institutional annual report data will be reviewed by the Commission at its next scheduled meeting. Institutions reporting one or more programs that fail to meet one or more of the established benchmarks will be placed on Warning status.

Institutions on Warning status must submit documentation requested by the Commission by their stated timelines.

Additional actions may be requested by the Commission which may include, but are not limited to, the following activities:

1. Attendance of the chief administrator and the placement officer at a Commission-sponsored workshop for reporting completion, placement, and licensure exam pass rate data
2. Attendance at a Commission-sponsored workshop on program and institutional outcomes or improvement of completion, placement, and licensure exam pass rates
3. Consultation in person or by telephone with a Commission staff member
4. The scheduling of a focused review visit to the institution

Time Period for Compliance

The Commission will require institutions to demonstrate that triggered programs are in compliance with the agency’s Standard within a time period that must not exceed:

1. twelve months, if the program, or the longest program offered by the institution is less than one year in length;
2. eighteen months, if the program, or the longest program offered by the institution, is at least one year, but less than two years in length; or

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two years, if the program, or the longest program offered by the institution, is at least two years in length.

The Commission may use its discretion to specify a time period for compliance more restrictive than those listed above, based upon circumstances. Institutions approaching the deadline for compliance originally specified by the Commission will be placed on Probation status. The Commission will offer another opportunity for submission of data that demonstrates compliance with the benchmarks, an official notice of the closure or teach-out of triggered programs, or a good cause extension request for review and action by the Commission at its next meeting. Once the stated time period for compliance expires, if the institution fails to demonstrate the compliance of triggered programs with the established minimum benchmarks, it will be dropped from candidate status or accreditation to be effective by the deadline originally specified in the Commission’s letter.

Suggestions for Improving Student Achievement

Effective Plan Development and Implementation

Positive program performance can be stated in terms of a program’s ability to: meet its stated objectives, maintain current occupation-specific content, and produce successful student achievement statistics (completion of programs, job placement of program completers, and licensure exam pass rates for those programs requiring licensure for employment).

When a program’s performance is lacking in one of these areas, a plan of improvement must be written and followed. The most effective plans for improvement can be developed only in conjunction with a thorough evaluation of the program.

Thorough program evaluations involve members of the advisory committee for the program, the administration of the institution, program faculty members, current students, and completers of programs.

Effective improvement plans list both the issues of concern identified during the evaluation, and the corresponding steps to be taken to address each issue.

Identifying areas of concern may be accomplished during the evaluation process by asking specific questions in key areas regarding program expectations.

The Accreditation Standards of the Commission may also be used during program evaluations and improvement plan development to determine if all elements that enhance positive program performance are being addressed. (See Standards 2, 3, 5, 6, 8 for program-specific criteria.)

Overall Program Objectives and Content

Evaluation of program objectives and content should include, but is not limited to, an in-depth review of the following:

1. Objectives

   If a program is failing to meet its stated objectives, the answers to the following questions may identify areas needing attention to correct deficiencies. A draft of specific steps for improvement is then written and may be included in the final draft of the program’s improvement plan.

   a. Are the objectives of the program clearly stated?
   b. Are the stated objectives relevant in relation to current expectations of the occupation for which students are being educated?
   c. Are program completers asked for their evaluation of the program after placement in the occupation is acquired?
   d. What do completer evaluations reveal about the program’s success/deficiencies in the preparation of students for employment in the occupation?
   e. Does a summary of completer evaluations indicate success in the program’s ability to meet its objectives as written, or does it reveal areas of concern?
   f. Are completer evaluation results shared with the faculty and staff?
2. Content

If one or more areas of student achievement (completion, placement, and/or licensure pass rates) are below expectations or requirements, the content of the program must be evaluated to determine if changes need to be made to improve outcomes. The program advisory committee is critical in answering each of the following questions:

a. Does program content provide students with adequate preparation for success in the occupation with respect to: theories and concepts, specific knowledge and skills, hands-on practice, laboratory exercises, and work-based activities?
b. Are the elements mentioned above current in terms of practices and expectations of the occupation?
c. After reviewing current student and program completer evaluations, are there areas of concerns identified that relate to program content?
d. Are evaluation results shared with the faculty and staff?

3. Instructional Materials/Equipment

a. Are materials and equipment used in the instructional processes of the program relevant to each course within the program?
b. Are materials and equipment current in their content, nature, and use in the industry?
c. Are there adequate quantities of materials and equipment to support the number of students in the program?
d. Is equipment maintained/repai red properly to support learning activities of students?
e. After reviewing current student and program completer evaluations, are there areas of concerns identified that relate to instructional materials and/or equipment used by the program?
f. Are evaluation results shared with the faculty and staff?

Completion Rate Issues

Evaluation of the following areas directly affects completion rate performance in programs. Involvement of administration and faculty is critical in effectively answering the following questions:

1. Are the admission requirements stringent enough for the demands of the program?
2. Do prospective employers of the program’s completers require a high school diploma or equivalency certificate as a condition for employment? If so, does the program require a high school diploma or equivalency certificate for enrollment in or completion of the program?
3. Are the qualifications of the program’s instructional staff adequate? If not, what are the specific areas of concern?
4. Is the performance of the program’s instructional staff adequate? If not, what specific areas need improvement?
5. Does the review of student evaluations of instructional personnel reveal areas of concern?

Placement Rate Issues

1. Are there adequate employment opportunities in your community for number of completers being produced by the program?
2. Are job placement staff and faculty effectively involved with businesses in the community that could assist with job placement opportunities for completers?
3. Does the institution provide itself adequate time for placement of completers and the collection of follow up data for placement statistics?
4. Does a review of program evaluations collected from the follow-up of completers, non-completers, and employers of completers identify any weaknesses in the program as they relate to employment opportunities or preparedness?
**Licensure Exam Pass Rate Issues**

1. Does the review of overall program content identify any areas of concern relating to the preparation of students for licensure exams?
2. Have state requirements for licensure exams changed recently? If so, does the curricula of programs reflect these changes?
3. Does the program content include overall test preparation or specific subject matter practice tests to help prepare students for their exam?
4. Does the institution allow enough time for program graduates to take licensure exams more than once before reporting final licensure exam pass rate data?
5. Is remediation offered to graduates of programs who fail one or more parts of the licensure exam?

**Finalizing the Plan**

Once a thorough evaluation is completed, the final plan can be written.

The final plan should include:

1. Identified areas of concern
2. Corresponding improvement activities for each area of concern identified
3. Calendar of plan implementation (Programs that fail to meet required benchmarks for performance must follow the Commission’s stated timeline for compliance. The compliance timeline is dependent upon the length of the longest program offered at the institution, therefore, the calendar should contain specific deadlines for the steps to be taken to improve program performance.)
4. Persons involved in plan implementation (Those in charge of plan implementation should be clearly identified as well as any others who may be part of improvement activities identified in the plan.)
5. Periodic meetings (Meetings to review actions taken and their results should also be scheduled so that adjustments to the plan can be made, if needed, in a timely manner.)

Final plans for improvement, the calendar for implementation, and a list of persons in charge of identified activities should then be distributed to all appropriate administrators, faculty, and staff.