



**CAPACS Accredited Programs
Annual Report Form
(2018 - 2019)**

**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

Date Program was accredited/ reaccredited _____?

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 on the CAPACS website.

Include title of Program, mailing address, and website link, plus Program Director's name, phone number and email address.

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.

Does the Program desire to have assistance from the Commission? Yes__ No__
If yes, please provide details below.

Items for the CAPACS website, face book pages and/or tweets:

The Commissioners ask you to share more about your programs by sending us items for sharing in the CAPACS website, in tweets or on the face book page. Include such things as testimonials from Program faculty, students, internship site supervisors and/or university administrators: anecdotal information about Program activities and/or any changes to the Program. Photographs are encouraged! Please send them separately as jpegs.

Signatures (handwritten):

Director

Department Chair

Person Completing Report

Date Submitted