**Annual Report Form**

**for**

**Accredited Programs**

 **2024**

**Place all information in this document and return to**

**Dr. Norma Winston**

**Winston.Norma6@gmail.com**

**By July 1, 2024**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Institution  |  | Name of Program |
|  |  |  |
| Program Director |  | Name of Person Completing Report |

|  |  |
| --- | --- |
| **Faculty:** | List faculty membership in practice associations (e.g. ASA Section on Sociological Practice and Public Sociology): |
| *After initial entry, above, press “enter” to add more bullets.* |
| **Students:** | Number of students completing the Program in the past year. *Please attach list of graduates for the Student Registry:* |  |
|  |
| Number of students entering the Program in the past year: |  |
|  | Number of students currently in the program: |  |
| **Web Listing:** | How should the Program be listed on the CAPACS website? Please include contact person and website link in the spaces provided below: |
|  |  |
|  |  |
| **Journal of Applied Social Science:** | Does the Program have access to this journal in printed and/or digital format(s)? | Yes☐ | No☐ |
|  | Specify format(s): |  |  |
|  | Do students also have access in the specified formats? | Yes☐ | No☐ |
|  | If yes, specify how and/or where students are given access: |  |  |

**Updates:**

|  |  |  |
| --- | --- | --- |
| **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) the delivery of the accredited program?** | Yes☐ | No☐ |
| If yes, please provide details below: |
| **In the last year have any changes occurred at the *departmental* or *unit* level that have had an impact on the accredited program and affect (or will affect) the 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) the 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) the delivery of the accredited program?**  | Yes☐ | No☐ |
| If yes, please provide details below:  |
| **In the last year have any changes occurred within the program 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:  |
| **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’s 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 annual review, or 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 website, face book page and/or tweets:**

We are looking for media material that can be used to help promote the accreditation of Sociology Programs. Please include anything about your program you think may be helpful to this cause. For example, quotes from students and faculty regarding the value of your Program to them, anecdotal information about changes to your program and photographs would all be useful.

Note: If you are contributing photographs, please send them separately as jpeg’s with written approval for publication from those depicted in the photos.

|  |  |  |
| --- | --- | --- |
| **Signatures (written or electronic):** |  |  |
|  |  |  |
| Program Director  |  | Department or Unit Chair |
|  |  |  |
| Person Completing Report |  | Date Submitted |

**Other:**

**Is there anything else you’d like to bring to the attention of the CAPACS Board? If so, please detail below:**