

## 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 Comple	eting Report
Faculty:		ership in practice associa ogical Practice and Public	
	After initial entry, above, press "enter" to add more bullets.		
Students:	_	its completing the st year. Please attach or the Student Registry:	
	Number of studen in the past year:	ts entering the Program	
	Number of studen program:	its currently in the	

g: How should the Program be listed on the CAPACS website?  Please include contact person and website link in the spaces provided below:			
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:			
In the last year have any changes occurred at the <i>Program</i> level  Yes  No that have had an impact on the accredited program and affect (or will affect) the delivery of the accredited program?			No
ils below:			
In the last year have any changes occurred at the <i>departmental</i> or <i>unit</i> level that have had an impact on the accredited program and affect (or will affect) the delivery of the accredited program?			No
ils 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?			No
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If yes, please provide details below:

In the last year have any changes occurred at the <i>institutional</i> 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 a Quality Improvement) how has the Program responded to student eval 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 thes details below:	e. Please pr	ovide		
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 ac Sociology Programs. Please include anything about your program you thinl to this cause. For example, quotes from students and faculty regarding the Program to them, anecdotal information about changes to your program as	k may be he e value of yo	lpful our		

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

would all be useful.

Signatures (written or electronic):		
Due de la Cincata	Donostos anticipito de sin	
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,		