

## **Program Review Annual Follow-Up Template**

**Date Self-Study Report approved by SSCPR:** Click here to enter text.

Date Quality Assurance Plan approved by SSCPR: Click here to enter text.

Annual Follow-Up Report for: Click here to enter text.

**Date External Review approved by SSCPR:** Click here to enter text.

**Year #**: Click here to enter text.

## **Progress Report on Quality Assurance Plan**

Add or remove rows or tables as needed.

MONTH/YEAR WHEN THE FIVE-YEAR ACTION PLAN BEGAN: Click here to enter text.

STRATEGY 1:

GOAL(S) FROM THE QA PLAN THIS STRATEGY SUPPORTS:

Step(s) Required to Achieve this Strategy	Led by	Began on (M/YY)	Completed By (M/YY)	Progress to Date/Reasons for Lack of Progress

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STRATEGY 2:

GOAL(S) FROM THE QA PLAN THIS STRATEGY SUPPORTS:

Step(s) Required to Achieve this Strategy	Led by	Began on (M/YY)	Completed By (M/YY)	Progress to Date/Reasons for Lack of Progress

STRATEGY 3:

GOAL(S) FROM THE QA PLAN THIS STRATEGY SUPPORTS:

Step(s) Required to Achieve this Strategy	Led by	Began on (M/YY)	Completed By (M/YY)	Progress to Date/Reasons for Lack of Progress



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STRATEGY 4:

GOAL(S) FROM THE QA PLAN THIS STRATEGY SUPPORTS:

Step(s) Required to Achieve this Strategy	Led by	Began on (M/YY)	Completed By (M/YY)	Progress to Date/Reasons for Lack of Progress