ABET, Inc.

Computing Accreditation Commission

**PROGRAM EVALUATOR REPORT FOR 2016-17 VISITS**

Instructions

*The Program Evaluator Report (PER) is* ***required*** *for each program evaluator. It is completed by the Program Evaluator during the visit and left with the Team Chair.*

For a General Review Visit, complete all forms in the Program Evaluator Report and submit them to the Team Chair at the conclusion of the visit.

*For an Interim Visit, complete only the part of the Program Report relevant to the identified shortcomings.*

*Prior to the visit, complete the Curriculum Analysis and Transcript Analysis forms (unless these are not within the focus of the interim visit), the first two columns of the Program Evaluator Worksheet (PEW), and the relevant explanatory sections of the PEW to describe identified shortcomings. Submit a copy to the Team Chair at the first meeting of the team. Modify the forms during the visit as required, and at the end of the visit submit the final PEW and PER (reflecting the findings at the end of the visit) to the Team Chair.*

*Each Program Evaluator Report becomes an important part of the Visit Report prepared by the Team Chair and sent to ABET headquarters.*

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| The **Program Evaluator Worksheet**, **Program Audit Form, Recommended Accreditation Action, and Proposed Statement to the Institution (Exit Statement)** are of particular importance**.** Together, these form a basis from which the Team Chair will draft the Statement to the Institution. A copy of the **Program Audit Form** is to be left with the institution. Please, pay close attention to the instructions on these forms.***Note:*** *The Program Evaluator Worksheet (PEW) and Program Audit Form (PAF) are separate forms available on the ABET web site.* |

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PROGRAM EVALUATOR REPORT FOR 2016-17 VISITS

|  |  |
| --- | --- |
| Title of Program: | **Title of program as it appears on the Request for Evaluation (RFE)** |
| Name of Institution: | **Name of institution as it appears on the RFE** |
| Date of Visit: | **Dates of visit** |
| Evaluator name: | **Your name** |
| Office & home phone: | **Your office phone number** |  | **Your home phone number** |
| FAX and e-mail: | **Your fax number** |  |  **Your email address** |

|  |
| --- |
| Evaluation conducted in accordance with CAC General Criteria and the following applicable Program Criteria: |
| **Name of program criteria, year** |
| Program Criteria and Date |

LIST OF PERSONS INTERVIEWED

|  |  |
| --- | --- |
| NAME | POSITION |
| 1. **Name of persons interviewed**
 | **Position of persons interviewed** |
| 1. **Note: Student names do not have to be listed individually, but indicate the nature of the group, e.g. student chapter members, senior class, etc.**
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##### CURRICULUM ANALYSIS

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | **Name of institution on RFE** | Program | **Name of program on RFE** |

**Please complete two draft copies of this worksheet prior to your arrival for the visit and provide one copy to your team chair at the start of the visit. For this copy within your report, include any revisions as a result of visit findings.**

|  |  |
| --- | --- |
| CurricularCategory | Number of Credits |
| CriteriaRequirement\* | Table in 5.1of Self-Study | Visitor’sEvaluation |
| Computing Topics |  |  |  |
|  Fundamental topics |  |  |  |
|  Advanced topics |  |  |  |
| Math and basic sciences |  |  |  |
| General Education |  |  |  |
| Other |  |  |  |
| Please List Below Any Applicable Program Criteria Requirements: |
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\* Enter minimum number of credits based upon 30 semester credits, 45 quarter credits, or equivalent.

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| --- | --- | --- | --- |
| **Are curricular requirements met in each of the following areas?** | **Yes** | **No** | **Weak** |
| * Program’s requirements are consistent with its program educational objectives.
 |  |  |  |
| * Program’s requirements are designed in such a way that each of the student outcomes can be attained.
 |  |  |  |
| * Curriculum prepares students for a professional career and further study in the computing discipline associated with the program, and for functioning in modern society.
 |  |  |  |
| * At least one year of up-to-date coverage of fundamental and advanced topics in the computing discipline associated with the program.
 |  |  |  |
| * Mathematics appropriate to the discipline beyond the pre-calculus level.
 |  |  |  |
| * For each course in the major required of all students, its content, expected performance criteria, and place in the overall program of study is published.
 |  |  |  |
| * Other requirements contained in applicable program criteria. List on the following lines
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**If either “no” or “weak” is checked in any of the above categories**

**then please describe the specific weakness or deficiency below.**

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##### TRANSCRIPT ANALYSIS

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | **Name of institution on RFE** | Program | **Name of program on RFE** |

Enter the program requirements in the first column. Enter the course(s) satisfactorily completed to satisfy each requirement (from the transcript) in the second column. Indicate whether the requirement was satisfied in the last three columns. Reproduce this table for each transcript that is analyzed.

|  |  |
| --- | --- |
| Catalog Year for the Transcript Under Analysis | **Catalog Year** |

|  |  |  |
| --- | --- | --- |
| Curriculum Requirement | Course(s) Completed to Satisfy | Satisfied? |
| Yes | No | ? |
| **Program curriculum requirement**  | **Course(s) from transcript used to satisfy the requirement** |  |  |  |
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(Copy this page for each transcript that you reviewed)

**Objectives, Outcomes, and Continuous Improvement Information**

**The following information is intended to provide a source for a future compendium or summary of information about assessment in accredited programs as well as a source of information that can be used by CAC editors to help ensure consistency of application of criteria. This information should reflect your findings at the end of the visit.**

1. List the program educational objectives.
2. Summarize the process used for periodic review of the program educational objectives.
	*
3. List the student outcomes.
4. Summarize the process used for periodic review and revision of the student outcomes.
	*
5. Summarize the assessment instruments used to assess student outcomes.
(State what the instruments are and how they are used.)
6. Has a complete assessment cycle been completed, including feedback and action on the evaluation of assessment results? Briefly explain.
7. Summarize your overall evaluation of the quality of the assessment/evaluation/feedback/action process, including an assessment of the extent to which assessment is done seriously.

**Additional Information (if any)**

**Include any additional information or notes that you wish relative to your findings on the program.**

**RECOMMENDED ACCREDITATION ACTION FORM**

**Institution (as shown on the RFE) Program (as shown on the RFE)**

**Evaluator Your Name Here**

**\_\_\_** NGR This action indicates that the program has no Deficiencies or Weaknesses. This action is taken only after a Comprehensive General Review and has a typical duration of six years.

**\_\_\_** RE This action indicates that satisfactory remedial action has been taken by the institution with respect to Weaknesses identified in the prior IR action. This action is taken only after an IR review. This action extends accreditation to the next General Review and has a typical duration of either two or four years.

**\_\_\_** VE This action indicates that satisfactory remedial action has been taken by the institution with respect to Weaknesses identified in the prior IV action. This action is taken only after an IV review. This action extends accreditation to the next General Review and has a typical duration of either two or four years.

**\_\_\_** SE This action indicates that satisfactory remedial action has been taken by the institution with respect to all Deficiencies and Weaknesses identified in the prior SC action. This action is taken only after either a SCR or SCV review. This action typically extends accreditation to the next General Review and has a typical duration of either two or four years.

**\_\_\_** IR This action indicates that the program has no Deficiencies but has one or more Weaknesses. The Weaknesses are such that a progress report will be required to evaluate the remedial actions taken by the institution. This action has a typical duration of two years.

**\_\_\_** IV This action indicates that the program has no Deficiencies but has one or more Weaknesses. The Weaknesses are such that an on-site review will be required to evaluate the remedial actions taken by the institution. This action has a typical duration of two years.

**\_\_\_** SCR This action indicates that a currently accredited program has one or more Deficiencies. The Deficiencies are such that a progress report will be required to evaluate the remedial actions taken by the institution. This action has a typical duration of two years. This action cannot follow a previous SC action for the same Deficiency(s).

**\_\_\_** SCV This action indicates that a currently accredited program has one or more Deficiencies. The Deficiencies are such that an on-site review will be required to evaluate the remedial actions taken by the institution. This action has a typical duration of two years. This action cannot follow a previous SC action for the same Deficiency(s).

**\_\_\_** NA This action indicates that the program has Deficiencies such that the program is not in compliance with the applicable criteria. This action is usually taken only after a SCR or SCV review, or the review of a previously unaccredited program. Accreditation is not extended as a result of this action.

If this is a new program, indicate the date at which accreditation is to begin.

Normally accreditation applies to all students who graduated after October 1

of the year preceding the on-site review (see section II.G.7 of the

Accreditation Policy and Procedures Manual) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXIT STATEMENT TO THE INSTITUTION**

INSTRUCTIONS (NOT to be read at exit meeting)

This statement should include the Program Evaluator’s findings relative to the applicable General Criteria, Program Criteria, and Accreditation Policy and Procedure Manual (APPM). The general format for the statement should be as follows: 1) General Description of the Program, *[2) Strengths]*, 3) Shortcomings and 4) Observations.

The General Description of the Program normally includes information about the program’s administrative location at the institution, its enrollment and faculty size, and number of recent graduates.

*[Each program strength should have three components: a) the observed facts that represent the strength, b) what makes it stand out above the norm, and c) what positive effect it has on the program.]*

The Shortcomings sections should be in order of 1) Deficiencies, 2) Weaknesses and 3) Concerns, and a section should exist only if one or more Criteria or APPM elements have that type of shortcoming.

Please ensure that any shortcoming relates directly to the Criteria or APPM. Each shortcoming should have three components: a) the applicable part of the criterion, using the exact language from the Criteria or APPM where possible, b) the observed facts that are inconsistent or potentially inconsistent with the stated criterion or APPM element, and c) the negative impact on the program of the inconsistencies or potential inconsistencies. It is essential that all deficiencies and/or weaknesses identified on the Program Audit Form, which could lead to an action different than NGR, be discussed in this statement exactly as they are discussed in the Program Audit Form.

*[To save time during the Exit Meeting, the Team Chair may read the citations for any of shortcomings common to all of the programs that were evaluated, first explaining that they were common to all programs. However, the shortcoming will be cited in each program section in the Draft and Final Statements as applicable.]*

An Observation is a comment or suggestion that does not relate directly to the current accreditation action but is offered to assist the institution in its continuing efforts to improve its programs. They may include suggestions based on the Program Evaluator’s experience, and are provided in the interest of general program improvement. They must not appear prescriptive, and have no consequence relative to accreditation if ignored by the institution.

**PROGRAM EXIT STATEMENT**

**(Exit statement goes here)**