



# Annual Survey Action Plan

(to be completed by the program director)

Program Sponsor: \_\_\_\_\_

Program Type:

BMS  CG  DMS  HT  HTL  MLA

MLM  MLS  MLT  Path A  PHM  PBT

Program Location (City, State): \_\_\_\_\_

Program Director Name/Credentials: \_\_\_\_\_

Program Director Phone/Email: \_\_\_\_\_

List outcome measures that are below benchmarks:

**Action Plan to address above benchmark(s):** *(Include additional information with this narrative in your final submission if necessary)*

1. Brief description of the analysis performed to assess the benchmark:

2. Action Plan including rationale:



## Annual Survey Action Plan

(to be completed by the program director)

3. Process to be used to assess the effectiveness of action plan modifications and timeline for evaluation:

4. Implementation timeline and individuals responsible:

**Yes**, the following materials for one course in the curriculum that was revised as a result of the ASAP have been included with this narrative: *Syllabus; Course goals; Measurable objectives in the cognitive, psychomotor, and affective domains; Evaluation systems that correlate with objectives. Materials submitted should be relevant to an identified deficiency (ies), when applicable.*

**No**, course materials have not been included with this narrative, as they are not relevant to the Action Plan detailed above.

Name of Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form to [programservices@naacsl.org](mailto:programservices@naacsl.org).