INTERIM REPORT REVIEW

The Interim Report serves to confirm the program is reviewed to ensure alignment with current standards, with attention to Standard II Assessment and Continuous Quality Improvement.

After reviewing the Interim Report, please complete the attached checklist. If any of the checkboxes are unable to be marked as compliant due to lack of information or need for clarification, notify NAACLS staff. Staff will then communicate with the program.

INTERIM REVIEW CHECKLIST

**TO BE COMPLETED BY NAACLS REVIEWERS:**

Date:

Sponsor:

(Sponsor, Consortium, Multilocation)

Program:

Location:

Program Director:

PD Contact Information:

Length and Date of Last Award:

**Required Items**

Program has provided data from the last three (3) consecutive years of outcome measures data since the ten-year accreditation award. Data from at least one certification agency (e.g., ASCP, AMT) exam must be available.

*Initial Review: Final Review (if needed):*

Submitted  Submitted

Not Submitted  Not Submitted

Not Applicable

**Outcome Measures**: Descriptions of how all program reported outcome measures (Certification Rates, Graduation Rates/Attrition Rates, and Placement Rates) have been analyzed and used in program assessment and quality improvement were provided.

*Initial Review: Final Review (if needed):*

Submitted  Submitted

Not Submitted  Not Submitted

Not Applicable

**Outcome Measures**: If changes have been made in response to assessment of outcome measures, descriptions of impact of changes have been provided.

*Initial Review: Final Review (if needed):*

Submitted  Submitted

Not Submitted  Not Submitted

Not Applicable  Not Applicable

**Graduate Feedback**: Descriptions of how graduatefeedback (for example: surveys, advisory committee, clinical visits, etc.) has been analyzed and used in program assessment and quality improvement were provided.

*Initial Review: Final Review (if needed):*

Submitted  Submitted

Not Submitted  Not Submitted

Not Applicable

**Graduate Feedback**: If changes have been made in response to assessment of graduate feedback, descriptions of impact of changes have been provided.

*Initial Review: Final Review (if needed):*

Submitted  Submitted

Not Submitted  Not Submitted

Not Applicable  Not Applicable

**Employer Feedback**: Descriptions of how employer feedback (for example: surveys, advisory committee, clinical visits, etc.) has been analyzed and used in program assessment and quality improvement were provided.

*Initial Review: Final Review (if needed):*

Submitted  Submitted

Not Submitted  Not Submitted

Not Applicable

**Employer Feedback**: If changes have been made in response to assessment of employer feedback, descriptions of impact of changes have been provided.

*Initial Review: Final Review (if needed):*

Submitted  Submitted

Not Submitted  Not Submitted

Not Applicable  Not Applicable

**Additional Review Measures**: Descriptions of how additional review measures have been analyzed and used in program assessment and quality improvement were provided.

*Initial Review: Final Review (if needed):*

Submitted  Submitted

Not Submitted  Not Submitted

Not Applicable  Not Applicable

**Additional Review Measures**: If changes have been made in response to assessment of additional review measures, descriptions of impact of changes have been provided.

*Initial Review: Final Review (if needed):*

Submitted  Submitted

Not Submitted  Not Submitted

Not Applicable  Not Applicable

**Action Plan:**

The impact of any required action plan(s) (for not meeting NAACLS benchmarks) has been included in the Interim Report.

Not Required

*Protecting and Unprotecting the document:*

*1) Under the “Review” tab, select Protect Document > Restrict Formatting and Editing > Stop Protection*

*2) Re-enforce protection on the document under the “Review” tab, select Protect Document > Restrict Formatting and Editing > Yes, Start Enforcing Protection > OK (do not create a password)*

**Summary of Initial Review of the Interim Report:**

Report is Satisfactory – Program has demonstrated effective program evaluation and continued quality assessment. No further documentation is needed.

Report is Unsatisfactory – Program has not demonstrated effective program evaluation and continued quality assessment and/or interim report is incomplete. The program will be given 30 days to respond to the following concerns:

**Concern(s)/Rationale:**

**Recommendation for compliance:**

Date NAACLS Staff was notified:

Method of Contact was by:  Email or  Telephone Date:

1st Reader Name (typed or printed):      Date:

The 1st reader affirms and agrees with the Year Five Interim Report review’s findings  YES  NO

2nd Reader Name (Typed or printed):      Date:

The 2nd reader affirms and agrees with the Year Five Interim Report review’s findings  YES  NO

**Summary of Final Review of Interim Report** (if required, please remove this section if not required):

Report is Satisfactory

Report is Unsatisfactory and the following concern(s) remain:

1st Reader Name (typed or printed):       Date:

The 1st reader affirms and agrees with the Year Five Interim Report review’s findings  YES  NO

2nd Reader Name (typed or printed):       Date:

The 2nd reader affirms and agrees with the Year Five Interim Report review’s findings  YES  NO