

Annual Survey Action Plan Narrative Template

To be completed by Program Director

Date:

Program Type: MLS ☐ MLT ☐ HTL ☐ HT ☐ DMS ☐ CG ☐ PathA ☐ PBT ☐ MLA ☐

Sponsor Name:

Location (City, State):

Program Director:

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:

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 ARAP 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.