# **Cyclical Program Review: Academic Unit and Deans’ Annual Report on the Implementation of Recommendations**

# **Instructions and Template**

## Instructions

### As described in Section 6.7 Institutional Review and Follow-up (IQAP v3.0 August 2019):

“The Dean of the Faculty, in consultation with the appropriate Chair/Director/Coordinator, in which the program(s) reside, shall be responsible for monitoring the Implementation Plan. Where a program straddles two (2) or more Faculties, the responsibility will be with the Deans of the Faculties involved. The details of progress made will be presented in the Deans’ Annual Reports and filed in the Office of the Provost.”

The purpose of this report is to provide an update on the execution of the implementation plan following a Cyclical Program Review. This should include a brief summary of actions taken by the Academic Unit and the Dean over the past academic year, as well as an update on the stage of implementation for all applicable items. These include:

* whether the action item(s) are in progress, complete or no longer applicable and include a brief explanation;
* the timelines of each item and how they are progressing or expected to progress, particularly if they are diverting from original timeline in the FAR and IP, and;
* how the actions undertaken are contributing to the goals of the Academic Plan.

## The following template has been created for the Academic Unit and Dean’s Annual Report on the implementation and ongoing monitoring of Final Assessment Reports and Implementation Plans.

## The Academic Unit will first complete their portion of the template and submit it to their Academic Dean, and the Dean of Graduate Studies if appropriate. Final reports are due to the Dean(s) April 1st.

## Using the form submitted by the Academic Unit, the Dean will then complete their portion and submit to the Provost and Vice President Academic as part of their Annual Review, copying the Deputy Provost. Final reports are due to the Provost’s office May 1st.



**QUALITY ASSURANCE**

**CYCLICAL PROGRAM REVIEW: Academic Unit and Deans’ Annual Report on Implementation of Recommendations**

Academic Unit:

Faculty:

Date submitted:

Name:

Dean, Faculty of (X)

Date submitted:

Name:

Dean, Faculty of Graduate Studies

Date submitted:

# **Implementation Plan (Part A): Academic Unit Responsibilities (to be completed by Academic Unit)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommendation** | **Proposed Follow-up** | **Responsibility\*** | **Timeline** |
| Include verbatim from the original Implementation Plan |  |  |  |
| **Annual reporting on implementation of Recommendation**  *Is it complete? (Yes, partial, no) OR On schedule to meet timeline? If not, explain briefly* | | | |
| *What is next step?* | | | |
| *Who put this into action/who will complete it – include names* | | | |
| *If applicable, identify how this advances/contributes to the Academic Plan* | | | |
| **Recommendation** | **Proposed Follow-up** | **Responsibility\*** | **Timeline** |
| Include verbatim from the original Implementation Plan |  |  |  |
| **Annual reporting on implementation of Recommendation**  *Is it complete? (Yes, partial, no) OR On schedule to meet timeline? If not, explain briefly* | | | |
| *What is next step?* | | | |
| *Who put this into action/who will complete it – include names* | | | |
| *If applicable, identify how this advances/contributes to the Academic Plan* | | | |
| *Additional Comments* | | | |

# **Implementation Plan (Part B): Decanal Responsibilities (to be completed by Dean[s])**

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| --- | --- | --- | --- |
| **Recommendation** | **Proposed Follow-up** | **Responsibility\*** | **Timeline** |
| Include verbatim from the original Implementation Plan |  |  |  |
| **Annual reporting on implementation of Recommendation**  **Academic Dean/Faculty of Graduate Studies Dean**  *Is it complete? (Yes, partial, no) OR On schedule to meet timeline? If not, explain briefly* | | | |
| *What is next step?* | | | |
| *If applicable, identify how this advances/contributes to the Academic Plan* | | | |
| **Recommendation** | **Proposed Follow-up** | **Responsibility\*** | **Timeline** |
| Include verbatim from the original Implementation Plan |  |  |  |
| **Annual reporting on implementation of Recommendation**  **Academic Dean/Faculty of Graduate Studies Dean**  *Is it complete? (Yes, partial, no) OR On schedule to meet timeline? If not, explain briefly* | | | |
| *What is next step?* | | | |
| *If applicable, identify how this advances/contributes to the Academic Plan* | | | |
| *Additional Comments* | | | |