



Annual Report from Accredited Programs

Institution

Name of Program

Director

Name of Person Filling Out Form

Faculty: List faculty membership in Practice Associations e.g. ASA Practice Section

Students: Number of students completing Program in the past year: _____
Number of students entering Program in the past year: _____
Number of students currently in Program: _____

Web Listing: How program should be listed (including contact person) on the CAPACS website?

Journal of Applied Social Science:

Has your Program received copies of this journal? Yes No

If yes, where is this journal located? _____

Do students have access? Yes No

Program Changes: Please indicate any changes in the Program since the past year.
Give details on a separate sheet for any "yes" responses.

Program Structure:

Change in Director? Yes No

Change in Number of Faculty? Yes No

Change in Institutional Resources? Yes No

Curriculum:

Any curriculum changes? Yes No

Any changes in the Practice Experience? Yes No

If Changes Were Indicated: Do Any Impact on Critical Requirements? Yes No
(i.e., decrease in number of faculty below required level)

Progress Report Regarding Full Meeting of Standards:

Indicate any concerns raised during your most recent accreditation and indicate progress made in meeting these. Please provide details on a separate sheet.

Notable Accomplishments of Program Personnel During the Past Year: Yes No
Please provide details of awards, publications and other accomplishments of both faculty and students on a separate sheet.

Any Assistance which the Program may require from the Commission? Yes No
If yes, please provide details on separate sheet.

Have any changes occurred within the program, department, college, or institution that have had an impact on the accredited program and affect (or will affect) delivery of the accredited program? Yes No
If yes, please provide details on separate sheet.

Signatures:

Director

Department Chair

Person Completing Report

Date Submitted