**Annual Report Form**  
for  
**Accredited Programs**  
(Summer 2019 - Spring 2020)  

Place all information in this document and return to  
Dr. Norma Winston: nwinston@ut.edu  
By July 1, 2020

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<tr>
<th>Institution</th>
<th>Name of Program</th>
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<th>Program Director</th>
<th>Name of Person Completing Report</th>
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**Faculty:**  
List faculty membership in Practice Associations e.g. ASA Practice Section

**Students:**  
Number of students completing Program in the past year: ____________  
(Please attach list of graduates for student registry)  
Number of students entering Program in the past year: ____________  
Number of students currently in Program: ____________

**Web Listing:**  
How should Program be listed on the CAPACS website? Please include contact person and website link.

**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__
In the last year have any changes occurred at the Program level 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 below.

In the last year have any changes occurred at the departmental level 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 below.

In the last year have any changes occurred at the college/university level 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 below.

In the last year have any changes occurred at the institutional level 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 below.

In the last year have any changes occurred within the program curriculum? Yes __ No __  
If yes, please provide details below.

In the last year have any changes occurred within the practice experience? Yes __ No __  
If yes, please provide details below.

Were there changes made to the program and/or practice experience specifically due to the impact of COVID-19?  
If yes, please provide details below.

In regard to Standard 4.2 (Assessment of Student Learning Outcomes and Continuous Quality Improvement) how has the Program responded to student evaluations and/or findings from the Program assessment plan?  
Please provide details below.

Notable Accomplishments During the Past Year:  
Please provide details of awards, publications and other accomplishments of both faculty and students below.
Progress Report Regarding Full Meeting of Standards:
Indicate any concerns raised during your most recent accreditation/reaccreditation and indicate progress made in meeting these. Please provide details below.

Does the Program desire to have assistance from the Commission?   Yes  No
If yes, please provide details below.

Items for the website, face book page and/or tweets:
We are looking for media material that can be used to help promote the accreditation of Sociology Programs. Please include anything about your program you think may be helpful to this cause. For example, quotes from students and faculty regarding the value of your Program to them, anecdotal information about changes to your program and photographs would all be useful.

Note: If you are contributing photographs, please send them separately as jpeg’s with written approval for publication from those in the pictures.

Signatures (electronic):
__________________________________________________________
Director ________________________________  Department Chair ________________________________
__________________________________________________________
Person Completing Report ________________________________ Date Submitted ________________________________

Is there anything else you’d like to bring to the attention of the Board?