**Academic Program Review: Action Plan**

**Program Degree and/or Certificates \_\_\_Massage Therapy Certificate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| In this form, program directors along with the appropriate Dean should indicate any goals or action plans for program improvement over the next 5 years, which have been identified as a result of the academic program review process. | |
| Goal/Action 1: Increase enrollment in program to have a consistent 10-12 students. Spending more time in the community for marketing our program. | |
|  | Cost/Resource Implications: $2,500 added to budget to purchase curtain for classroom to facilitate all the students finishing their practicum hours during the semester. |
| Timeline for Achievement: 1 year. (2020) The curtains are already on order so we can begin to make the massage classroom more clinic friendly.  Get some events scheduled where students can bring massage chairs and create some excitement. |
| Measure of Success: Seeing a consistent enrollment and facilitating the students’ hours in clinic. Continue using social media networking, we have made some strides and want to build on the momentum. |
| Goal/Action 2:  Develop and implement a spreadsheet to track and measure completion rate and job placement as well as students who continue to AAS degree from the certification program. At orientation, encourage students to continue to AAS and to BS with a pathway and continue to check in with them throughout the process. | |
|  | Cost/Resource Implications: I will have better data for my next program review. |
| Timeline for Achievement: 1-3 years 2019-20 |
| Measure of Success: More students enrolling in the AAS program and possible pathway to a University |
| Goal/Action 3: Create a new mission and vision statement for our program with my staff. | |
|  | Cost/Resource Implications: There is 0 cost. We will give our program a more unified feeling. |
| Timeline for Achievement: Next semester Fall 2019 |
| Measure of Success: Starting a new semester with common goals for the staff can generate a new positive energy to help boost morale and increase enrollment. |
| Goal/Action 4: Continue to incorporate TracPrac (a third party tracking site) to keep track of student’s clock/academic hours as well as incorporate using tablets in the massage clinic to update our training in the clinic setting. | |
|  | Cost/Resource Implications: 0 cost to program. Students pay for TracPrac app separately and IT has ordered the tablets for us. |
| Timeline for Achievement: 1-2 years 2019-2021 |
| Measure of Success: Our students will be proficient in their clinic practices using the tablets. The spas and some Chiropractor’s offices use this technology. Resulting in our students being more hirable upon graduation. In short, quicker job placement for our students. |
| **Yearly Updates**  *To be completed each December and submitted to appropriate Dean and Academic Program Review Coordinator* | |
| **Discuss progress made toward Action Plan goals after one year:**  **We began our fall only cohort this semester. This enables us to provide more accurate statistics for keeping track of our students compared to previously, where students enrolled in both semesters, which made it harder to keep accurate percentages.**  **We did create a new mission and vision statement and had them printed and will get them framed for the classroom and clinic.**  **The tablets order has been place and we should receive them shortly, waiting for IT to receive them. We have ordered the software for the students to be able to use as soon as we receive them.**  **Trac Prac is still in the works but need to set up another appointment with representative to answer some questions.**  **Veronika is helping me with a spread sheet so it will be ready for when the students graduate from this cohort and we can start using the more accurate information.**    *Submitted by: Christina Brown Date: 10/29/2019* | |
| **Discuss progress made toward Action Plan goals after two years:**  *Submitted by: Date:* | |
| **Discuss progress made toward Action Plan goals after three years:**  *Submitted by: Date:* | |
| **Discuss progress made toward Action Plan goals after four years:**  *Submitted by: Date:* | |