

**Council on Rehabilitation Education
2014-15 Monitoring Committee Report**

Institution: California State University-Fresno

File No. 008

Term of Accreditation: 2009-2017, Ext. to 2018

Conditions & Recommendations:

All conditions & recommendations have been met.

STATUS REPORT OF CHANGES IN RCE PROGRAM

1. Change in Coordinator: No

If yes:

Name:

Effective Date:

Submitted New Coordinator's Vita:

Acceptable:

CRC Certificate Attached:

CRC Number:

Expiration Date:

Acceptable: **Yes**

Cause for Concern*: **No**

Additional Info Needed*: **No**

Additional Comments:

2. Courses Dropped: No

If yes:

Title(s):

Impact on meeting CORE standards:

Acceptable: **Yes**

Cause for Concern*: **No**

Additional Info Needed*: **No**

Additional Comments:

3. Courses Added or Modified: No

(If yes, note title and attach new course syllabi)

Title(s):

Submitted new course syllabi and show on the syllabus which CORE Standards are covered:

Acceptable: **Yes**

Cause for Concern*: **No**

Additional Info Needed*: **No**

Additional Comments:

4. Change in Program/Departmental Affiliation: No

(If yes, note implication on faculty, students, and resources. Please explain.)

Acceptable: **Yes**

Cause for Concern*: **No**

Additional Info Needed*: **No**

Additional Comments:

5. Change in Title of Degree Reflected on Transcript: No

(If yes, provide exact title now reflected on transcript. If planning to change, what will new title be called and status?)

Exact title now reflected on transcript:

New title and status:

Acceptable: **Yes**

Cause for Concern*: **No**

Additional Info Needed*: **No**

Additional Comments:

6. New Degree Program, Specialization, or Emphasis within the Rehabilitation Program: No

If yes, Provide impact on current faculty and program resources:

Acceptable: **Yes**

Cause for Concern*: **No**

Additional Info Needed*: **No**

Additional Comments:

7. Changes in Admissions Numbers from Previous Academic Year: Yes

If yes, explain and provide admission number for most recent 3 years and explain impact on faculty.

2012, 42; 2013, 20; 2014, 30. A faculty member left in 2013 and a new faculty added

Acceptable: **Yes**

Cause for Concern*: **No**

Additional Info Needed*: **No**

Additional Comments:

8. Change in Rehabilitation Program Resources in Last Year: No

If yes, provide a description of the change and the impact on program and students? Please explain.

Acceptable: **Yes**

Cause for Concern*: **No**

Additional Info Needed*: **No**

Additional Comments:

9. Change in Number of Credit Hours (semester/quarter) Necessary for the Degree: No

(If yes, list the new number of credit hours and describe why the total number increased. Examples: Change in licensure law, change in program specialization. If planning to change the program in the next two years, what will be the total number of credit hours required, and the reason for the planned increase?)

New number of credit hours:

If planning to change the program in the next two years:

Total number of credit hours required:

Description of why the total number increase/planned increase:

Acceptable: **Yes**

Cause for Concern*: **No**

Additional Info Needed*: **No**

Additional Comments:

ANNUAL PERSONNEL FORM

1. Change in Composition of Faculty: Yes
(e.g. members no longer with the program)

A. Number of Full-Time RCE Faculty Members: 5

Are all CRC? **Yes**

If no, is there a plan and timeline to obtain the CRC? **No**

Acceptable: **Yes**

Cause for Concern*: **No**

Additional Info Needed*: **No**

Additional Comments:

B. Number of Part-Time RCE Faculty Members: 3

Acceptable: **Yes**

Cause for Concern*: **No**

Additional Info Needed*: **No**

Additional Comments:

2. New Faculty Members: Yes

Number of new faculty members: 2

Submitted vita (e) for each new faculty member: **Yes**

Submitted CRC Status: **Yes**

Acceptable: **Yes**

Cause for Concern*: **No**

Additional Info Needed*: **No**

Additional Comments:

ACTION

- 1. Continued Accreditation: Yes**
- 2. Extend Accreditation to: 2017**
- 3. Revised/New Conditions: No**
- 4. Accreditation Withdrawn: No**
Effective as of:
- 5. Unable to Make Recommendation Based on Available Information: No**

Additional Comments: