

Council on Rehabilitation Education
2013-14 ANNUAL PROGRAM PROGRESS REPORT

Institution: California State University-Fresno

File No. 008

Term of Accreditation: 2009-2017

IMPORTANT INSTRUCTIONS:

Failure to complete the following items and/or to submit **all** pages of this report to the CORE office by **April 1st** could lead to withdrawal of accreditation of your program. **Please submit:**

- 1. The original of this report (*including this page*). Please make a copy for your records.**
 - 2. Any supporting evidence.**
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CONDITIONS AND RECOMMENDATIONS:

Please enclose with this report a copy of any written documentation that you believe reflects the program's efforts or progress/review regarding all of the following conditions and recommendations whose status is noted at "Not Met", "Ongoing" or "Not Addressed."

Conditions:

1. By April 1, 2010, The RCE Program shall be a written evaluation plan that systematically assesses and reviews the major elements and overall effectiveness of the RCE Program in relation to its mission and objectives. (B.1.) Extend to October 1, 2010.
2. By April 1, 2010, the RCE Program shall specify written expectations, procedures, and policies in a manual or appropriate document(s) and distributed to students and supervisors. (D.1.2) Extend to October 1, 2010. Extend to April 1, 2011.
3. By April 1, 2010, the RCE Program shall provide evidence that the individual supervision of five students shall be considered equivalent to the teaching of one course due to the intensive, one-on-one instruction and the ongoing evaluation necessary in practicum. (D.1.9) Extend to October 1, 2010. Extend to April 1, 2011.
4. By April 1, 2010, the RCE Program shall provide evidence that the individual supervision of five students shall be considered equivalent to the teaching of one course due to the intensive, one-on-one instruction and the ongoing evaluation necessary in internship. (D.3.5) Extend to October 1, 2010. Extend to April 1, 2011.
5. By April 1, 2011, the RCE Program shall provide evidence that the ratio of FTE full-time equivalent students to FTE faculty should be no greater than 10:1. (E.7)

Status of Conditions:

1. Met in 2010. Evidence submitted shows this condition is met.
2. Met in 2011. A manual was provided.
3. Met in 2011. Evidence submitted shows this condition is met.

4. Met in 2011. Evidence submitted shows this condition is met.
5. Met in 2011. Evidence submitted shows this condition is met.

Recommendation:

1. The program is encouraged to provide evidence that the mission and objective statements are in accessible format and meet national website accessibility standards. (A.1)

Status of Recommendation:

1. Addressed in 2011.

 REPORT OF CHANGES IN RCE PROGRAM

Please indicate any changes that have occurred in the last year in the following areas of your program. **Additional pages may be used (please so indicate), but please complete and sign this report. If you respond yes, you must provide a comment regarding the change and evidence, if it is required.**

	<u>Please Circle One</u>	
A. <u>Personnel</u>		
1. Change in Coordinator (submit new coordinator's vita)	Yes	No
2. Changes in faculty (complete faculty form attached)	Yes	No
3. New faculty members (submit vita(e), CRC status & faculty form attached)	Yes	No
B. <u>Curriculum</u>		
4. Courses dropped (Note title and present impact on program and faculty)	Yes	No
5. Courses added (submit new course syllabi) (Note title and present impact on program and faculty)	Yes	No
<u>Other</u>		
6. Change in program/departmental affiliation (Note implication on faculty, students, and resources)	Yes	No
7. Change in title of degree reflected on transcript	Yes	No
8. New Degree Program, specialization, or emphasis within the Rehabilitation Program (Note impact on current faculty and program resources)	Yes	No
9. Changes in Admissions numbers from previous academic year (explain) (Provide admission number for most recent 3 years and explain impact on faculty)	Yes	No
10. Change in Rehabilitation Program Resources in last year (Note impact on program resources)	Yes	No

 Coordinator's Name (please print)

 Coordinator's Signature

 Date