**National Commission for Academic Accreditation & Assessment**

# COURSE REPORT

To be completed by course instructors at the end of each course and given to program coordinator.

If the course is taught in more than one location the course report should be prepared for each location by the course instructors responsible for the course in each location. A combined report should be prepared by the course coordinator and the separate location reports attached.

**Course Report**

*For guidance on the completion of this template, refer to Section 2.5 of Chapter 2 in Part 2 in this Handbook*

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| Institution |
| College/ Department |

**A Course Identification and General Information**

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| 1. Course title and code. |
| 2. If course is taught in more than one section indicate the section to which this report applies |
| 3. Year and semester to which this report applies. |
| 4 Location (if not on main campus) |

**B- Course Delivery**

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| 1 Coverage of Planned Program | | | |
| Topics | Planned Contact Hours | Actual Contact Hours | Reason for Variations if there is a difference of more than 25% of the hours planned |
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| 2. Consequences of Non Coverage of Topics  For any topics where significantly less time was spent than was intended in the course specification, or where the topic was not taught at all, comment on how significant you believe the lack of coverage is for the program objectives or for later courses in the program, and suggest possible compensating action if you believe it is needed. | | | | | | |
| Topics (if any) not Fully Covered | | Significance of Lack of Coverage | | | | Possible Compensating Action Elsewhere in the Program |
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| 3. Effectiveness of Planned Teaching Strategies for Intended Learning Outcomes set out in the Course Specification. (Refer to planned teaching strategies in Course Specification and description of Domains of Learning Outcomes in the National Qualifications Framework) | | | | | | |
| Domains | List Teaching Strategies set out in Course Specification | | Were these  Effective? | | Difficulties Experienced (if any) in Using the Strategy and Suggested Action to Deal with Those Difficulties . | |
| No | Yes |
| a. Knowledge |  | |  |  |  | |
| b. Cognitive Skills |  | |  |  |  | |
| c. Interpersonal Skills and Responsibility |  | |  |  |  | |
| d. Numerical and  Communication Skills |  | |  |  |  | |
| e Psychomotor Skills (if applicable) |  | |  |  |  | |

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| 4. Summarize any actions you recommend for improving teaching strategies as a result of evaluations in table 3 above***.*** |

**C. Results**

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| 1 Number of students starting the course: |
| 1. Number of students completing the course: |

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| 3 Distribution of Grades (If percentage marks are given indicate numbers in each 5 percentile group)   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | No | OR | % | No | % | No | | A |  | 95-100 |  | 70-74 |  | | B |  | 90-94 |  | 65-69 |  | | C |  | 85-89 |  | 60-64 |  | | D |  | 80-84 |  | < 60 |  | | F |  | 75-79 |  |  |  | | Denied Entry |  | Denied Entry | | |  | | In Progress |  | In Progress | | |  | | Incomplete |  | Incomplete | | |  | | Pass |  | Pass | | |  | | Fail |  | Fail | | |  | | Withdrawn |  | Withdrawn | | |  | |
| 4 Result Summary:  Passed: No Percent Failed No Percent  Did not complete No Percent Denied Entry No Percent |
| 5 Special factors (if any) affecting the results |

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| 6. Variations from planned student assessment processes (if any) ( See items C 4 and 5 in the Course Specification.) | |
| * + 1. Variations (if any) from planned assessment schedule (C5 in Course Specification) | |
| Variation | Reason |
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| b. Variations (if any) from planned assessment processes in Domains of Learning (C4 in Course Specification) | |
| Variation | Reason |
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| 7 Verification of Standards of Achievement (Eg. check marking of a sample of papers by others in the department. See G4 in Course Specification) (Where independent report is provided a copy should be attached.) | |
| Method(s) of Verification | Conclusion |
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**D Resources and Facilities**

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| 1. Difficulties in access to resources or facilities (if any) | 2. Consequences of any difficulties experienced for student learning in the course. |

**E. Administrative Issues**

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| 1 Organizational or administrative difficulties encountered (if any) | 2. Consequences of any difficulties experienced for student learning in the course. |

**F Course Evaluation**

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| 1 Student evaluation of the course:  (Attach Survey Results if available) |
| a List the most important criticisms and strengths |
| b Response of instructor or course team to this evaluation |
| 2. Other Evaluation -- What evaluations were received?  Specify and attach reports where available. (eg. By head of department, peer observations, accreditation review, other stakeholders etc): |
| a List the most important criticisms and strengths |
| b Response of instructor or course team to this evaluation |

**G Planning for Improvement**

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| 1. Progress on actions proposed for improving the course in previous course reports: | |
| Actions proposed in the most recent previous course report(s) | State whether each action was undertaken, the impact, and if the proposed action was not undertaken or completed, give reasons. |

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| 2. Other action taken to improve the course this semester/year  Provide a brief summary of any other action taken to improve the course and the results achieved. (For example, professional development for faculty, modifications to the course, new equipment, new teaching techniques etc.) |

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| 3. Action Plan for Next Semester/Year | | |
| Actions Required | Completion Date | Person Responsible |
| 4. Recommendations to Program Coordinator (if Required) | | |
| (Recommendations by the instructor to the program coordinator if any proposed action to improve the course would require approval at program, department or institutional level or that might affect other courses in the program.). | | |
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Name of Course Instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Report Completed:\_\_\_\_\_\_\_\_\_\_\_\_

Received by Program Coordinator Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_