



Princess Nourah bint Abdulrahman University  
College of Health and Rehabilitation Sciences

# Quality System Manual

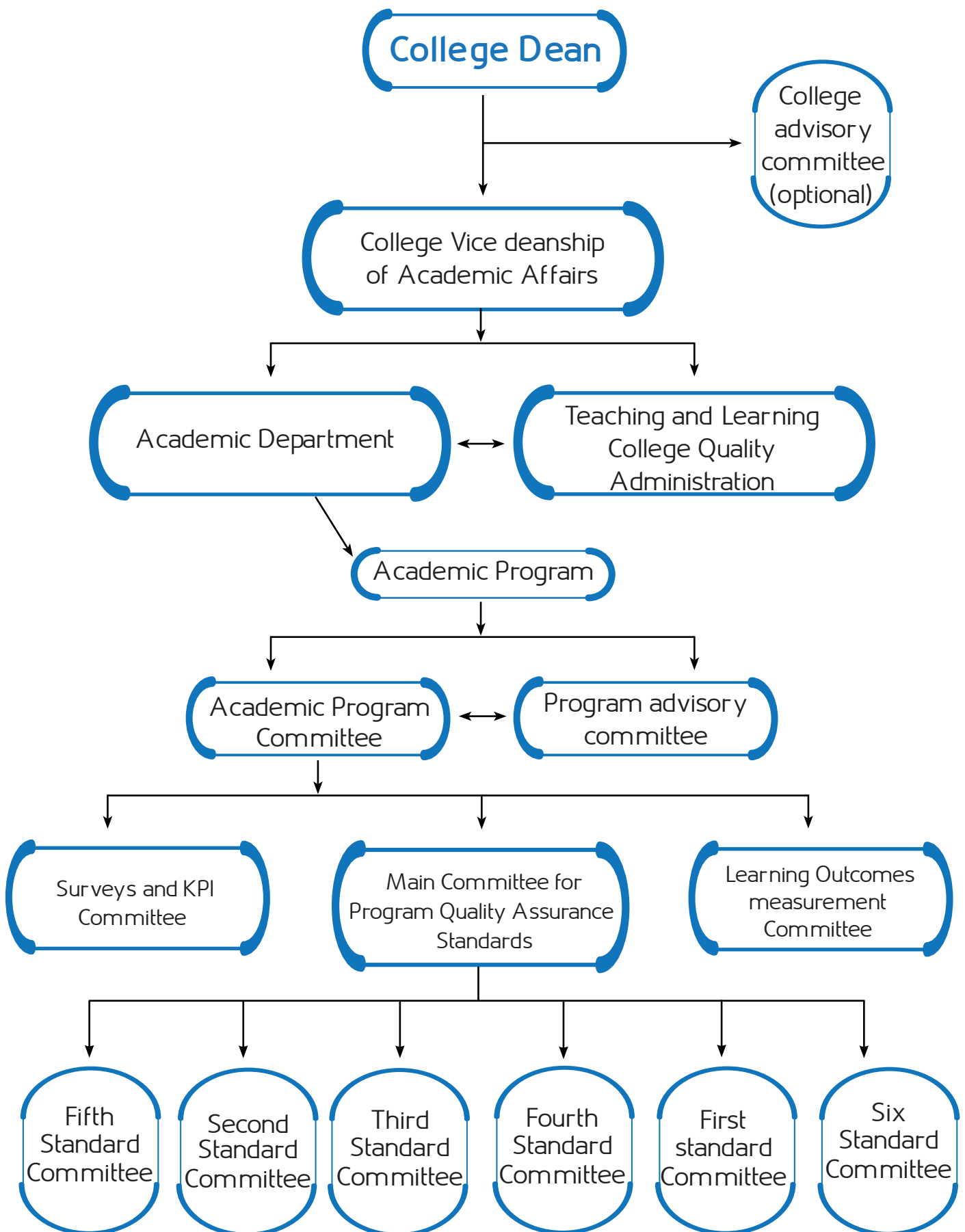
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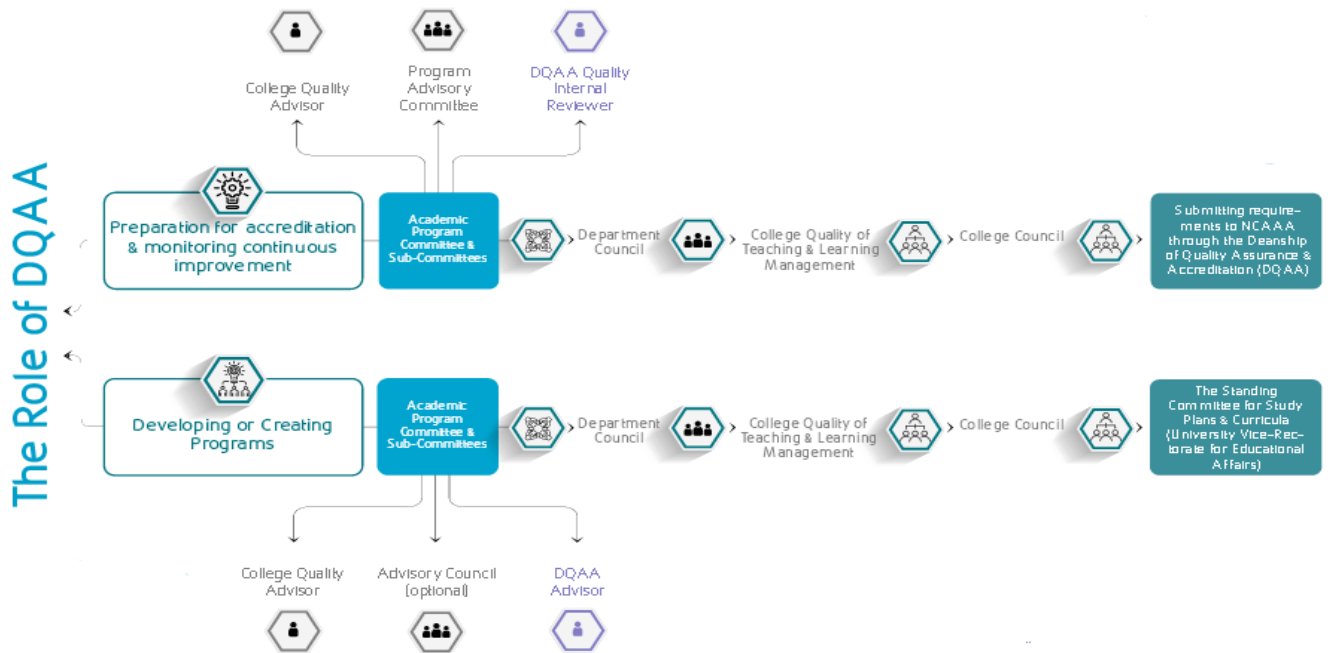
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The organizational structure of the quality management system in the college:



The role of the Deanship of Quality Assurance and Academic Accreditation in supporting academic programs: [flowchaer DQAA](#)



The first track: related to preparation procedures for program accreditation and follow-up on -improvement

The second track: related to the procedures for developing the program or creating exit points for -the program

## The Teaching & Learning College Quality Administration:

### **The Quality of Teaching & Learning Manager: (Teaching Staff Member)**

1. Preparing and monitoring the annual plan of the Quality of Teaching and Learning Management Office.
2. Contributing to the preparation of the College's executive plan through her membership in the Committee of the College Strategic Plan Development.
3. Contributing to the fulfillment of quality standards in developed or new programs through her membership in the Committee of the Academic Programs Development in the college.
4. Promoting the culture of quality and academic accreditation, and developing the capabilities of faculty members by nominating them for internal and external training courses in the field of teaching and learning quality, in coordination with the Deanship of Quality Assurance and Accreditation (DQAA).
5. Ensuring the completeness of the quality assurance and academic accreditation requirements, as well as archiving the necessary programs documents electronically.
6. Monitoring the programs academic accreditation time plans.
7. Implementing the recommendations of the College Advisory Council.
8. Monitoring the activation and analysis of the evaluation surveys.
9. Supervising (Quality Friends) and their role in educating their fellow students about the nature of the study in the college.
10. Monitoring the continuous development and improvement of all programs..
11. Any other task assigned in the field of specialization.

## The College Quality Advisor:

The College Quality Advisor must be a member of the college and an internal reviewer with experience in the field of quality. She is assigned formally by the College Dean as an advisor, taking into consideration reducing the teaching load for her, in order to engage in providing advice and ensuring the quality of the college's programs.

### Tasks:

1. Contributing to the formulation of the college's general policies on quality assurance and academic accreditation through her participation in the «Committee for the Development of Academic Programs and Graduate Studies Programs».
2. Providing advice and recommendations regarding the implementation plans of the college through her participation in the «Committee for the Development of the College Strategic Plan».
3. Reviewing documents submitted to the «Standing Committee for Study Plans and Curricula», such as but not be limited to:  
(programs development – creating new programs – creating an exit point – major program modifications).
4. Organizing workshops in the field of quality for the college members, as well as organizing special meetings for the program when needed.

## Quality Internal Reviewer:

The Deanship of Quality Assurance and Accreditation selects an internal reviewer for the program when it is eligible for an international or national accreditation, in order to review the program's documents and ensure their quality and completeness.

### Tasks:

1. Meeting with the Academic Program Committee to coordinate the internal review process.
2. Reviewing the program's quality management system to ensure the completion of the process and closing the quality loop.
3. Reviewing the program tree: (program mission, objectives and graduate attributes, and their alignment with the department/college/university missions).
4. Reviewing the program learning outcomes (PLOS), their performance indicators and rubrics, as well as the PLOS measurement plan, reports and development plans.
5. Reviewing the program and course specifications.
6. Reviewing the program annual report and samples of the course reports.
7. Reviewing the KPIs reports, surveys and their development plans.
8. Providing the necessary consultations for the program in the field of quality to prepare the program for any stage in the Quality and accreditation process.
9. Offering training workshops organized by the Deanship of Quality Assurance and Accreditation, and transferring their expertise in the field of quality and academic accreditation.
10. Any other task assigned in the field of specialization

## The Program Director:

1. Holding the Academic Program Committee meetings (a minimum of 3 sessions during the semester) to ensure the implementation of the Quality Management System (QMS) and everything related to the process of program development and improvement, and closing the quality loop.
2. Monitoring the implementation of the program quality assurance procedures that are assigned to the Academic Program Committee.
3. Supervising the implementation of the Program Advisory Committee recommendations.
4. Preparing the program development plans (Action Plans) in coordination with the Academic Program Committee and monitoring the implementation.
5. Ensuring the completeness of the program's quality documents, and archiving them electronically to be approved by the Department Head, and then submitted to the Quality of Teaching and Learning Management in the College.
6. Organizing the program mock visit and external review visit, in coordination with the Academic Program Committee.
7. Supervising the students' nominations to be "Quality Friends".
8. Any other task assigned in the field of specialization.

## The Program Administrative Quality Coordinator:

1. Attending the Academic Program Committee meetings and taking meeting minutes as directed by the Program Director..
2. Monitoring administrative procedures to facilitate the work of the Academic Program Committee.
3. Managing the program's emails daily.
4. Reviewing the completeness of quality documents and reporting any error to the Program Director.
5. Archiving the program's quality documents electronically.
6. Communicating effectively with the College Quality Coordinator in regard to required quality and accreditation forms.
7. Any other task assigned in the field of specialization.



Timeline of Teaching and Learning College Quality Administration requirements from programs during the academic year:

Requirements	1 <sup>st</sup> semester			2 <sup>nd</sup> semester			3 <sup>rd</sup> semester			
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Formation of program quality committees										
Program quality committees reports										
Annual report of academic programs										
Program performance indicators reports										
Program learning outcomes measurement report										
Submission of the course portfolio (of the previous semester)										
Periodic reports for the implementation of the time plan for the stages of academic accreditation.										
Development plans of :										
1. Course survey										
2. General surveys										
3. Follow up the implementation of development plans										

## 1.1 Introduction: Quality Assurance :

The quality assurance process can rule out the strengths and weaknesses of the program. Also

Assist in the design and implementation of improvement plans in order to improve quality of

academic programs. CHR's mission is aligned to that of the university mission and is directed to improvement of academic programs to implement KSA's 2030 Vision in preparing qualified and distinguished females cadres in health and rehabilitation sciences.

This mission will be reality through translation of the program mission and goals into learning outcomes and their implementation monitor through program quality assurance system under the supervision of college's learning and teaching quality administration and the Deanship of Quality Assurance and Accreditation at Princess Nourah University.

### College Mission:

Prepare competent cadres, qualified on the levels of knowledge, profession and research in accordance with the latest standards for the development of health care and community service

### College Goals:

1. Qualify specialized cadres in the fields of health and rehabilitation sciences capable of professional practice according to the latest standards
2. Promote education, continuous learning and innovation according to modern technology
3. Produce research in the field of healthcare that contributes to the application of evidence-based practice.
4. Contribute effectively to improving community health and quality of life in collaboration with relevant sector.

## 1.2 Assessment of Program Quality

CHRS has derived its quality assurance system from that of the [University Quality Assurance System](#). The program is monitored through the Academic program committees that assure the quality of the program is measured and improved. Additionally, the college staff and students are engaged in the quality process.

The program quality is assessed through direct and indirect methods for example:

**Direct methods:** Program learning outcomes (PLOs) and Key Performance Indicators (KPI).

**Indirect methods:** Surveys and focus groups.

A comprehensive assessment report is annually prepared over several reports. The report discusses many aspects of the program quality assurance including the improvement plan of the program. The comprehensive assessment report includes the following:

- Graduate attributes assessment
- PLOs assessment
- Stakeholders' surveys including students, graduates, employers, teaching staff, and administrative staff.
- Program Key Performance Indicators (KPIs)
- Course portfolio.
- Faculty portfolio\ activities ( Student`s support & Counseling – Research & innovation – Community services)

An annual program report is prepared which details the program performance during the academic year together with a follow up from previous academic year and action plans for the next academic year.

Course Portfolio also represents a fundamental step in assuring the quality of the program. Hence information gathered from the course portfolio are also analyzed and built on in improving the quality of the program.

Overall, the program quality assurance processes focus on closing the assessment loop for all aspects of program quality. The following sections address the program quality areas mentioned above.

### **1.2.1: Graduate attributes assessment:**

Each one of the graduate attributes are mapped with relevant program learning outcomes (Direct measure). This step is important to know where to reflect actions and specify courses that need to be improved. The assessment of the graduate attributes is conducted annually.

#### **Data collection method and the timeline for the assessment process**

Graduate attributes are assessed through surveys to employers and graduates (Indirect method). The process of graduate attributes' assessment has a clear timeline for the program to follow.

The employers survey distributed to employers for the previous year graduates six months after graduation (The start of the second semester) whereas graduates survey distributed to all previous year graduates six months after graduation (The start of the second semester).

**Task A:** The two surveys are distributed by the graduate unit to graduates and employers.

**Task B:** The data of the surveys are collected and analyzed by the data management and performance measurement administration submitted to the vice deanship of academic affairs (quality of teaching and learning administration)

**Task C:** The results are discussed and improvement plans are developed and documented in an annual graduate attribute report by the program committee, including the following points in the report: (Results, Analysis, Recommendations, Actions)

**Task D:** The follow up of the improvement plan take place twice per year by the program committee.

## 1.2.2: Assessment of the Program Learning Outcomes (PLOs)

The PLO's are formulated with relevance to the three national qualification framework (NQF) domains:

1. Knowledge and Understanding
2. Skills
3. Values

The PLOs are assessed annually and reviewed every 3 – 5 years according to the program decision.

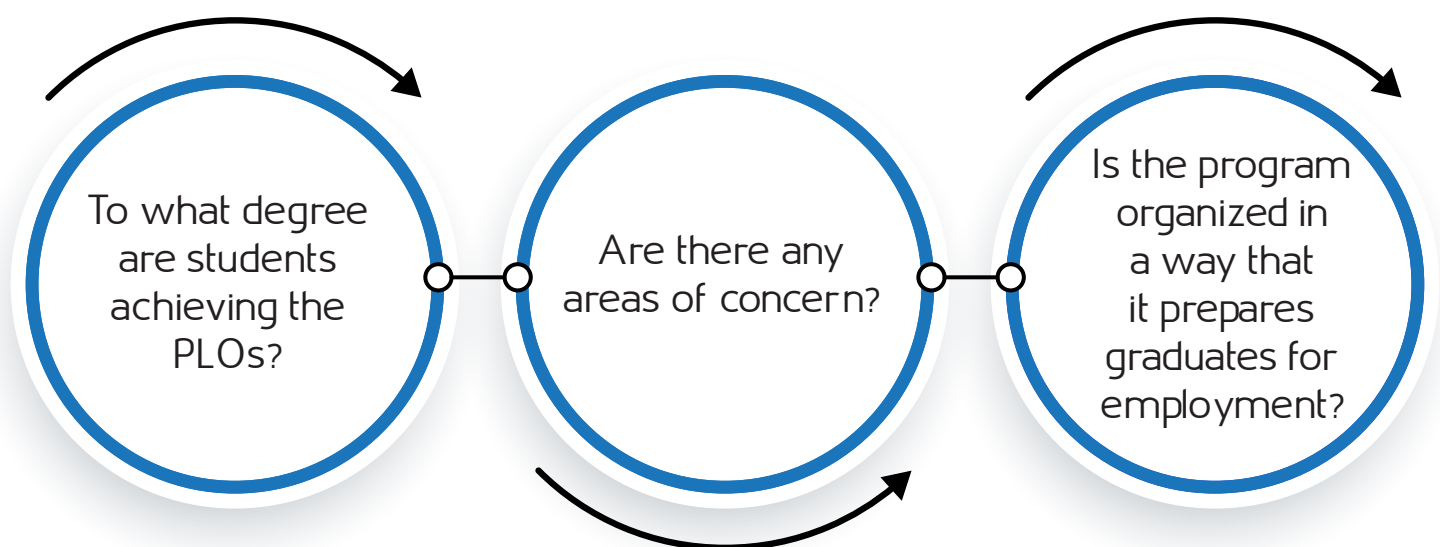
**Program learning outcomes are mapped with the following:**

1. National Qualifications Framework.
2. Program objectives which are mapped with program mission. (program tree)
3. Graduate attributes.

**Why PLOs are assessed?**

- To determine how well the program as a whole prepares students to achieve the learning outcomes.
- It can also be used to identify curricular gaps.

**PLOs assessment can give feedback on program adequacy as:**



## Assessment of the PLOs:

The program assessment plan uses multiple tools, and methods to assess the progress and achievement of PLOs. Outcomes assessment is collaborative for measuring student learning and evaluating the quality of a student's work using different assessment methods (i.e. written exams, clinical exam, assignment, case discussion, etc..). The quality of assessment of the course learning outcomes is directly reflected on the assessment of the program learning outcomes, so the improvement of the program and the learning process starts from the courses and the instructors.

## The process of assessment can be illustrated as follows:

1. Identify the required domain/s to be measured from each course from the mapping matrix.
2. Select the assessment methods for each PLO.
3. Put a timeline for measurement of all PLOs.
4. Calculate the average mark as achievement percentage % for each domain.
5. Add recommendations for improvement and follow-up plan according to the results.

## Assessment procedures and assigned tasks:

The process of the annual assessment of PLOs assessment has a clear timeline for the program to follow.

1. Program identify, review and formulate its PLOs.
2. Map the PLOs to the three NQF domains, Knowledge and understanding, skills, and values.
3. Curriculum mapping commenced to link between courses and PLOs.

### **Task A: (program committee)**

1. The program identifies the assessment courses and assessment methods for each PLO.
2. Set a plan to measure all PLO during the year.

### **Task B: (quality assurance -course coordinators)**

Collect the results from course assessment report which includes the following points:

- Measure
- Results
- Analysis: strengths and weaknesses
- Recommendations
- Actions

### **Task C: (program committee)**

- Measure the achievement of each PLO from the courses assessment results.
- Results are analyzed to include the strengths and points of improvements.
- Program formulate the recommendations and actions to improve based on different results for each of the PLOs.
- PLO assessment report is written at the end of the academic year and includes all of the following components:
  - Results
  - Analysis
  - Recommendations
  - Actions with a timeline and assigned responsibilities

## Task D: (Program committee):

Follow-up of action plan implementation 3 times annually.

Additionally, every 3- 5 years the programs conduct a comprehensive review and assessment of the PLOs as a measure of improving the quality of the program.

## The program surveys:

The DPT program assesses its performance annually by using validated surveys, including:

1. The students' satisfaction with the quality of the courses.
2. The students' evaluation of the program (at the Middle of the Program)
3. The students' evaluation of the program (at The End of Program)
4. The graduate's evaluation of the program
5. The employers' evaluation of the program's graduates
6. The satisfaction with the services and environment of the University  
(Students, Faculty, and administrative staff)

**Based on the timeline sent annually by the Data Management and Performance Measurement Administration at the Deanship of Quality assurance and accreditation The program has a clear timeline for the survey assessment illustrated in the following:**

The assessment process of the survey includes the following:

**Task A:** Distribution of surveys to target population at the specific time

**Task B:** Collection of the surveys data and analyzing the results to find the strength points and areas for improvements.

**Task C:** The surveys reports are then submitted to the program committee to be discussed and write a complete assessment report for the surveys including the following (Results, Analysis: strengths and weaknesses, Recommendations, and Action plans)

**Task D:** The follow up of the action plan takes place annually by the program committee.



### 1.2.3 Performance Indicators (KPIs)

Programs assesses its performance and achievement of the operational plan goals via number of key performance indicators (KPIs) that are linked with the program goals and objectives.

These include the 17 KPIs required by NCAAA, in addition to the program-specific KPIs (operational plan). KPIs are measured using different methods based on the objective of the KPI including surveys and data collection.

- **Alignment between the academic standards and NCA A KPIs**
  - <https://etec.gov.sa/ar/productsandser vices/NCAAA/AccreditationProgrammatic/Documents1/KPIs/Program%20KPIs%20V2019-Eng.pdf>

**Each one of the KPIs includes the following benchmarks:**

1. Actual performance
2. Targeted performance level
3. Internal reference (Internal benchmark)
4. External reference (External benchmark)

For internal benchmark, each year's KPIs are compared to the previous academic year. For external benchmark, the program performance is compared with another program of the same specialty at another University.

## 1.2.4 Course portfolio

One of the ways through which the program monitors its quality is by preparing and monitoring courses portfolio. The course portfolio is a collection of important documents related to the course that document the planning, process, and outcomes of a single course. Course portfolios allow instructors to document the scope and quality of their teaching performance and to improve the course through continuous reflection. Each course has its portfolio prepared by the end of each semester. The course portfolio is reviewed and reflected on by the Quality of Teaching and Learning Administration at the end of each semester according to the process described later in this section. The components of the course portfolio include:

1. Updated CV.
2. Course specification
3. Course syllabus (outline)
4. Course report
5. Midterm and final exams and model answers
6. Sample of students' grade in midterms and final exams.
7. Grading Rubric for Clinical/ practical and Assignments.
8. Sample of students grading rubric in practical/clinical Exams and assignments.
9. Exam Blueprint.
10. Exam peer evaluation.
11. Copy of the course evaluation survey (online)
12. Assessment of the course learning outcomes
13. Students' success rate in the course.
14. Copy of the course evaluation survey (online).
15. Development plan for the course evaluation survey.

Description of the course portfolio components and how they are used to assure the quality is given in the following section.

### 1.2.2.1 Course Specifications

Course specifications detail what the program agrees to provide in the course. The course specifications is prepared by the program using the NCAA template ([NCAA course specification template](#)). Before the start of the semester the department sends the course specification to the course coordinator. The course specifications guide the instructor in the course delivery. It contains basic information on the course, the overall objectives of the course,

the course content, course learning outcomes, teaching and learning strategies, student assessment methods, student academic counseling and support, a list of books and references, the facilities required for teaching and learning, and course evaluation and improvement processes. It is necessary for the course portfolio to include course specifications to guide the portfolio review process by the Quality of Teaching and Learning Administration. The course specifications document is used by the instructor to guide the preparation of the course outline.

### 1.2.4.2. Course syllabus (outline)

Course outline is a document containing key information about the course (Template of course outline). It is prepared to be used by, both, the course instructors and the students. The course specifications guide the preparation of the course outline. The course outline contains important information such as instructors' names and contact details, course description and objectives, course schedule, topics to be covered, references, learning outcomes, assessment tasks and grades, and due dates and instructions for assessments.

## The process of the course outline

- At the start of each semester the course coordinator is required to upload a copy of the course outline on the Blackboard (the Electronic Learning System) and discuss the course information to students at the first week. This is monitored by the college E. Learning administration.
- At the end of the course, the course outline is used to guide the preparation of the course report (this will be described later in this section).

### 1.2.2.2 Exam Peer-review

Each written exam in a course has an exam peer-review. The aim is to ensure the exam validity and reliability through a peer-review process.

#### The process of the exam peer-review

- Each department assigns a peer reviewer for each exam based, as much as possible, on the area of expertise (content expert).
- The list of exam instructors and their corresponding peer reviewers is sent to the faculty members through the departments.
- The exam is prepared by the course instructor/s taking into consideration the exam quality measures stated in the exam peer-review template. The course instructors also need to fill in the sections in the template assigned to her.
- The course instructor sends the exam for peer-review at least one week before the exam date.
- The peer reviewer revises the exam and writes comments about the exam, if any, for the course instructor. The peer reviewer also fills in the particular sections in the form and signs it.
- The instructor reviews the comments/edits and approves or disapproves the changes based on further discussion with the peer reviewer. The peer reviewer needs to collaborate with the course instructor on necessary revision to ensure that the exam questions are clear for assessing the intended learning outcomes and are formatted in compliance with basic standards stated in the template.
- The exam, together, with the exam peer review template are submitted to the department for final revision and approval of the exam by the head of the department.

### 1.2.2.3 Assessment of the Course Learning Outcomes

Students learning outcomes assessment at the course level is a continuous process of setting course objectives, collecting data, analysing the data, and reflecting on the results. Assessment of the course learning outcomes (CLOs) constitutes an integral part of the course portfolio.

All course instructors participate in assessing the CLOs according to the assessment methods specified in the course specifications. The CLOs are assessed by two ways, either through the Blackboard (for the activities that are conducted via the Blackboard) or by an Excel Sheet, especially designed for this purpose for the assessment tasks that are not given through the Blackboard. The sheet automatically calculates the average mark for each CLO and the grade distribution of the CLO (the percent of students achieved A, B, C, D, and F for each CLO). Besides, the sheet plots the results graphically. When using the Blackboard, a detailed report is also generated.

#### The process of the assessing the course learning outcomes

- At the start of the semester the course instructors agree on how to measure each CLO using the assessment methods specified in the course specifications.
- Course instructors collect the data after each assessment task and fill in the data in the CLOs assessment template (for the assessment tasks that are not given through the Blackboard).
- The instructors document the results of the CLOs assessment (obtained from the Blackboard report or from the Excel sheet) in the course report with analysis and recommendations for improvement. At the end of the semester the committee of surveys and measurement of learning outcome collects the results of the CLOs and use them to measure PLOs as described in the PLOs section.

- The recommendations presented in the course report are discussed at the department level and in the program committee to research a decision about them.
- The recommendations emerged from the program committee are translated into actions plan with follow-up by both the department and the program committee.

#### 1.2.4.4 Students Success Rate in the Course

Students' success rate (SSR) in the course reflects a quality measure of ensuring that students successfully complete their course. It describes the overall distribution of the students' grades in the course (the percent of students achieved A, B, C, D, and F in the course). The SSR report in a course (SSR template) represent an essential component of the course portfolio. Students' grade distribution is also recorded and reflected on in the course report.

#### The process of the Students Success Rate in the Course

- The SSR report in a course is prepared by the course instructors at the end of the course after completion of all assessment tasks.
- The SSR report is submitted to the program coordinator as part of the course portfolio.
- The program coordinator prepares a report that includes all courses with their grades distribution. The report includes the analysis of the grades distribution as stated by the course instructors, the reasons of grades skewness (if any), and recommendations for improvement (this is documented in the course report in the results section) then submit to the committee of surveys and measurement of learning outcomes to be discussed.
- Recommendations of the committee of surveys and measurement of learning outcomes
- with the actions plan are communicated to program committee for implementation and follow-up.
- The report of all courses' grade distribution is submitted to the Quality of

### 1.2.2.4 Course Report

The course report (NCAA course report template) is an important document that represents the planning, processing, and outcomes of a single course. Course report is one of the most essential documents for the improvement of the program quality. The course report offers information on course delivery, student results, course learning outcomes results, course quality evaluation, difficulties and challenges, and course improvement plan. A very crucial part of the course report is reflection on the overall findings and recommendations for improvement documented by the course instructors.

#### The process of the course report

- At the end of the course, the course coordinator (in coordination with the course instructors) prepares the course report and submits it to the program coordinator as part of the course portfolio.
- The program coordinator review all course reports and prepare a comprehensive course review report that includes the challenges, recommendations, and actions plan documented in the course reports.
- The program coordinator submits the report to the program committee.
- These recommendations from the course reports are studied and discussed in the program committee. Whatever decided by the program committee is communicated to academic departments to be discussed in the department council.
- Final recommendations are included in the annual program report and then sent back to the program committee.
- The Annual Program Report is sent to the department council and then the college council through Academic Affairs for approval.
- The actions plans are followed-up by the program committee.

### 1.2.5 Field Experience Report

One of the key areas in assuring the quality of the program is the field experience. The Program offers practice experience where students can develop the appropriate clinical skills. The overall outcomes of these practice experiences are aligned with the program outcomes.

Internship year includes rotations in different areas of clinical practice, which have fixed regulations mentioned in the internship regulations document. The Vice Deanship for Academic Affairs is responsible for managing the Clinical Practice experiences via training and internship administration. The vice deanship monitors the quality of the training using several approaches.

#### Tasks and timeline for the monitoring process

The students start their training within one month after completing all courses required in the study plan.

**Task A:** Before the training starts, the training administration organize the training sites and preceptors based on previous agreements, availability and the criteria mentioned in the Internship manual & Field experience specifications and the objectives of each rotation in the Internship year.

**Task B:** Prepare the training schedule and assign the students to different rotation sites.

**Task C:** Send letters of training period and names of students to the training sites and provide the students and preceptors with the rotation manual that includes the objectives and assessment methods.

**Task D:** Follow up the students' attendance at the beginning of each rotation and schedule site visits to training sites to monitor the training and get feedback from preceptors and students for continuous improvements.

**Task E:** Send and collect students assessment data from each preceptor after each rotation.

**Task F:** Send preceptors and training site surveys to the internship students after each rotation and another survey on the field training experience at the end of all rotations.



## 1.2.6 Faculty Performance Evaluation (Job Performance Charter)

Faculty performance evaluation constitutes an integral part in assuring the quality of the program. The system for faculty performance evaluation applied by the Program, which is in line with the University system, requires an in-depth documentation and analysis of the faculty performance profile (FPP). The FPP involves three areas, teaching, research and community services. Performance evaluations for faculty members are performed annually. The head of the department evaluates the performance of each faculty.

The purpose of the annual FPP Evaluation is to provide faculty members with timely feedback on areas of strength and areas needing improvement, and encourage faculty and departmental administrators to discuss ways in which the program can better provide appropriate resources to support faculty development. The annual FPP Evaluation is intended to be a three-step process, as outlined below.

**Step 1:** Initiate the evaluation process – by the Department Chair (or the dean based on the faculty member's position) where a clear set of objectives and metrics are settled. The faculty member is provided with a copy of her annual performance objectives and metrics.

**Step 2:** Supporting Materials – Faculty: The faculty prepares supporting materials for submission to the Department Chair (or Dean). This includes the evidence for meeting the objectives as per the performance metrics.

**Step 3:** Evaluation Meeting – The Department Chair (or the Dean) and Faculty

- The Department Chair (or the Dean) reviews the items that were submitted by the faculty member.
- The Department Chair (or the Dean) completes the Faculty Performance Evaluation Form.
- The Department Chair (or the Dean) and faculty member will meet together at the scheduled evaluation meeting time to review and finalize the Performance Evaluation.
- Whenever an objective is not met, the faculty needs to put improvement plan for the next academic year.

Records of completed Performance Evaluations are maintained at the departmental level. At the end of the academic year the parties responsible for the evaluation, e.g., the academic departments, prepare a comprehensive report including analysis of the results, strengths and areas for improvements, recommendations and actions for the next academic year. The overall results are communicated to the academic staff at the beginning of next academic year.

### 1.2.7 Annual Program Report (APR)

Program monitoring is a continuous process by which a program is kept under review, via an Annual Program Report (APR). To achieve this, a program team through the Program Committee will be constantly seeking to gather evidence and feedback, be evaluating that evidence and be making subsequent changes to enhance outcomes, delivery and operation. The APR is also noting and disseminating good practice and drawing up and implementing an action plan to take forward planned improvements to the program.

The process of APR is reflective by collecting and analyzing the evidence, and comparing the program performance against the key performance indicators or benchmarks for the subject area. This aims to lead to program improvements. Hence the annual monitoring of program is the cornerstone of the quality processes.

Data collection method and the timeline for the assessment process

The program has a clear timeline for preparing the APR.


The program coordinator is the responsible person for arranging the data collection from different administrations. The preparation of APR includes the following:

**Task A:** at the end of the academic year the coordinator communicates with the different committees\ faculty members to collect the required information. Each committee /responsible party fills in the required information in the specified part in the APR template.

**Task B:** The program coordinator finalizes the APR taking into consideration the following for each section of the APR: Results, Analysis: strengths and areas for improvement, Recommendations, and Action plans.

**Task C:** The APR is then submitted to the Program Committee for discussion and to finalize the recommendations and action plans. After ward, The APR is sent to the department council and then the college council through College Teaching and Learning Quality Administration for approval.

**Task D:** The follow up of the action plans takes place throughout the next academic year by the program committee.

Approved by: College Council	College Council minutes number: 12.1444 H
Date: 28 November 2022	
College Dean with signature	Dr. Maha Aldera 



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