Updated June 2025

# Ongoing Improvement Progress Report

## Instructions and Report Template

As part of the protocols outlined in Western’s Institutional Quality Assurance Process (IQAP), to facilitate the continuous improvement of academic programs between review cycles, in connection with the Final Assessment Report (FAR) and Implementation Plan, a monitoring process will include an Ongoing Improvement Progress Report. The outcomes of this report will be considered as part of the program’s next cyclical review.

The purpose of this report is to provide an update on the operationalization of the implementation plan following a Cyclical Program Review (or the review of a New Program). This should include a brief summary of actions taken by the Program and the Dean’s Office since the completion of the review (usually about three years), as well as an update on the stage of implementation for all applicable items. These include:

* whether the action item(s) are in progress, complete or no longer applicable (with a brief explanation);
* the timelines of each item and how they are progressing or expected to progress, particularly if they are diverting from original timelines in the FAR and Implementation Plan, and;
* a short description of any other program developments and improvements that have taken place following the review.
* For new programs only, an evaluation of the initial administration and resourcing of the program.

The following report template has been created for the program to report on progress made regarding recommendations presented in the Implementation Plan, and any other relevant program developments and enhancements.

* The program will complete the template and submit it to the faculty Dean’s Office for sign-off.
* The program will then submit the completed Ongoing Improvement and Progress Report to the Office of Academic Quality and Enhancement (OAQE). Reports are due by June 30.

o The OAQE will present all Ongoing Improvement and Progress Reports to SUPR- U/G. Any follow-up questions/concerns will be communicated to the program and Dean’s Office by the OAQE.

# Program / Faculty Information

**Ongoing Improvement Progress Report**

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| --- | --- | --- | --- | --- |
| **Program** | *To be populated by the OAQE* | | **Faculty / Affiliated University College** | *To be populated by the OAQE* |
| **Approval Dates of the Review** | SUPR-U/G: *To be populated by the OAQE*  SCAPA:  Senate: | | **Year of the Next Review** | *To be populated by the OAQE* |
| **Link to the Programs Final Assessment Report (FAR)** | | *To be populated by the OAQE* | | |
| **If applicable, submission of follow-up report(s)** | | *Dates to be populated by the OAQE (if applicable)* | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Signature** | **Date** |
| **Program Chair/Director** |  |  |  |
| **Dean (or delegate)** |  |  |  |

# Progress Update on the Implementation Plan

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommendation #1** | **Proposed Action and Follow-up** | **Responsibility** | **Timeline** |
| *All items corresponding with the row above to be populated by the OAQE* | | | |
| **Recommendation Implemented**   * Yes **□** No **□** Partially   If no, or partially, is implementation on schedule with the timeline? **□** Yes **□** No | | | |
| **Progress**  *What specific actions have been taken?* | | | |
| **Next Steps (if applicable)**  *What actions remain? Is there further follow-up?* | | | |
| **Additional Comments**  *If applicable* | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommendation #2** | **Proposed Action and Follow-up** | **Responsibility** | **Timeline** |
| *All items corresponding with the row above to be populated by the OAQE* | | | |
| **Recommendation Implemented**   * Yes **□** No **□** Partially   If no, or partially, is implementation on schedule with the timeline? **□** Yes **□** No | | | |
| **Progress**  *What specific actions have been taken?* | | | |
| **Next Steps (if applicable)**  *What actions remain? Is there further follow-up?* | | | |
| **Additional Comments**  *If applicable* | | | |

**Note:** The total number of expandable text boxes will be dependent on the number of prioritized recommendations appearing in the program’s most recent Final Assessment Report (FAR).

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| **Continuous Program Enhancement** |
| *What additional initiatives or changes has the program been working on in relation to continuous program improvement?* |

## For New Programs Only:

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| --- | --- |
| **Update on Initial Administration of the Program**  Report on the following items: | |
| *Appropriateness of Program Leadership* |  |
| *Adequacy of Administrative Support* |  |
| *Adequacy of Resource Allocation (e.g., staffing, financial)* |  |
| *Achievement of Program Objectives* |  |
| *Achievement of Enrolment Targets* |  |
| *Other* |  |