

INSTITUTIONAL PLAN OF IMPROVEMENT FOR TRIGGERED PROGRAMS (NARRATIVE)

SCHOOL NAME:

SCHOOL ID:

PROGRAM NAME:

CURRENT STATUS: **Actively enrolling students and producing graduates for 2020 Annual Report.**

Actively enrolling students and will not produce graduates for 2020 Annual Report .

Deleted – No students currently enrolled.

Teaching out - Students currently enrolled.

Date of Teach out completion:

PROGRAM COMPLIANCE DEADLINE:

(From Student Achievement Report)

DATE OF SUBMISSION OF IMPROVEMENT PLAN:

IMPROVEMENT PLAN FOR ABOVE PROGRAM (If program is not deleted or in Teach Out):