9-1 Wisconsin Technical College System
TSA Assessment Plan Approval Request Form
Phase 1

1) Program Title:

 Program Number:

2) Program Status (check one)

 Multi-College Aligned   Multi-College Non-Aligned   Single College

3) College(s) offering the program:

BTC	LTC	MSTC	SWTC
CVTC	MATC - MSDN	NATC	WCTC
FVTC	MATC - MILW	NTC	WTC
GTC	MPTC	NWTC	WITC/NTWD

4) Lead College:

 Lead contact person:

 Email: Phone:

5) WIDS Consultant: Not applicable

 Email: Phone:

6) Education Director Consulted: Date Consulted:

TSA Project Planning Process

7) List the stakeholders/organizations involved in the project and describe the process used to engage them. (limit of 500 characters)
   Supporting documentation attached as "Attachment A"

8) Select college(s) that were invited but chose not to participate.   Not applicable

BTC	LTC	MSTC	SWTC
CVTC	MATC - MSDN	NATC	WCTC
FVTC	MATC - MILW	NTC	WTC
GTC	MPTC	NWTC	WITC/NTWD

9) Summarize the process used to establish program outcomes and develop program outcome criteria. (limit of 500 characters)
    Supporting documentation attached as "Attachment B"

Industry Relevance

10) Summarize the process you used to verify and document the relevance of TSA program outcomes to system-wide industry needs, as appropriate. (limit of 500 characters)
    Supporting documentation attached as "Attachment C"

Assessment

11)   Summarize the process used to select and develop the TSA Assessment including advisory input. (limit of 500 characters)

      Documentation of advisory committee support attached as "Attachment D"

12)   File attached to this document

      WTCS TSA Scoring Guide **OR**

      Third Party Assessment Information Form 9-3 attached as "Attachment D"

If using Third Party Assessment, identify the following

Third Party Assessment Title:

Sponsoring Organization:

13)   Additional Comments or Information (limit of 500 characters)

14)   Signature of person responsible for this TSA. (Note: This person can be any individual from the college or WIDS who developed or provided assistance in the development of this Phase 1 rubric.)

Signature: _____   Date: _____

Submitted By: _____

When document is complete, please follow your district's procedures for review and submission. The appropriate personnel should submit this form along with all attached documentation in a single .pdf file to programs@wtcsystem.edu.