

**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

NATC

WCTC

FVTC

MDSN

NTC

WTC

GTC

MPTC

NWTC

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	NATC	WCTC
FVTC	MDSN	NTC	WTC
GTC	MPTC	NWTC	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](mailto:programs@wtcsystem.edu).