3-1 CONCEPT REVIEW FORM

Today's Date:

College:

College Contact:

College Contact Phone:

College Contact Email:

Education Director Consulted:

Date Consulted:

Expected WTCSB Concept Review Approval Date:

Expected WTCSB Program Approval Date:
WTCSB Meeting Dates can be found at: https://mywtcs.wtcsystem.edu/events/

a. Proposed Program Number:

b. Proposed Credential:

c. Proposed Program Title: (limit of 50 characters)

d. Proposed Program Description: (limit of 550 characters)

e. Proposed SOC {Standard Occupational Classification}

1) Please provide your rationale for using the above SOC Code(s): (limit of 275 characters)

☐ Supporting documentation attached as "Attachment A"

Last Modified: 2/20/2025

f.   Proposed CIP {Classified Instructional Program}

    1) Please provide your rationale for using this CIP Code: (limit of 275 characters)

☐ Supporting documentation attached as "Attachment B"

g.   Mean Starting Hourly Salary:

h.   Single Source Request: (limit of 275 characters)   ☐ Not Applicable

☐ Supporting documentation attached as "Attachment C"

i.   Summary of Analysis of how this program supports employment demand (limit of 550 characters). Refer to ESM Chapter Three for explanation of required documentation.

☐ Supporting documentation attached as "Attachment D"

j.   Advanced Technical Certificate (ATC) programs must include clear description of prior knowledge required as "Attachment E."

☐ Not Applicable

☐ Supporting documentation attached as "Attachment E"

k.   Projected job openings per year: Year 1   Year 3   Year 5

    Projected completers per year: Year 1   Year 3   Year 5

l.   Program method of delivery:

    100% Online   100% Face to face   Hybrid   Competency Based

m. Documentation of member participation and outcomes of the Ad Hoc/advisory group

☐ Supporting documentation attached as "Attachment F"

n. Summary of initial discussions with other WTCS districts offering a similar or same program. In addition to the summary of discussions, provide evidence of notification letter to ISA as described in ESM Chapter One (limit of 275 characters).

☐ Supporting documentation attached as "Attachment G"

o. Documentation of District Board Approval of the Concept Review attached as "Attachment H"

p. Date of conversation with Financial Aid Manager about consequence of program concept and design on financial aid eligibility.

Date:

q. Describe your college's plan to promote inclusive excellence and address attainment gaps specifically for this new program. Incorporate plans to leverage Guided Career Pathways. Include your response as "Attachement I".

☐ Supporting documentation attached as "Attachment I"

r. Indicate the groups and individuals that were consulted or involved in establishing the plan described in attachment I. Check all that apply.

Perkins Lead

Grants Office

Student Success Center Team (SSC)

Workforce Development Board Liaison

Community Based Organizations (CBO)

Workforce Innovation and Opportunity Act (WIOA)

Adult Education and Family Literacy Act (AEFLA)

Instructional Services Administrators (ISA)

Student Services Administrators (SSA)

Academic Quality Improvement Program (AQIP)

Learning Success Quality Improvement Plan/Process (LSQIP)

Scale of Adoption Assessment Lead/Team (SOAA)

Instructional Area Dean/Associate Dean

National Research and Evaluation

Program Faculty

Program Advisory Committee

Industry Feedback

Curriculum Office

Signature: _____ Date: _____

       District President or Instructional Services Administrator

Printed Name: _____

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.