OFFICE OF INTERNAL AUDIT
JACKSONVILLE STATE UNIVERSITY

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Non-Instructional Program Review Manual

A Department Guide for Planning, Evidence, Narrative Development, and Submission

Prepared by Internal Audit

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This manual is intended for departments completing a non-instructional program review.

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1 Program Review Overview

1.1 Program Review Process Overview

Jacksonville State University requires non-instructional departments ("NI") with an operational plan to participate in a comprehensive Program Review ("PR") process in accordance with Policy II.16 – Program Review. Every seven years, each department completes a self-study and undergoes a peer review conducted by Internal Audit. The review results in a Program Review Assessment Report that may include recommendations for improvement. Recommendations should be incorporated into the department's operational planning and annual assessment activities.

The PR process generally includes the following steps:

1. Attend the Audit/PR kickoff meeting and review all PR materials.
2. Confirm access to the PR Shared Folder and required templates.
3. Gather supporting documentation and relevant evidence from the previous three to five years, when available. Internal Audit will assist with gathering the required information.
4. Select peer institutions and participate in a benchmarking survey process.
5. Complete the PR Outline using the required prompts and guiding questions.
6. Develop the PR Narrative using the provided template and organize supporting documentation.
7. Internal Audit will review and provide feedback as the PR Narrative is developed.
8. Internal Audit conducts the formal review and completes the PR Rubric and Assessment Report.
9. Obtain Vice President approval of the completed Program Review and obtain written validation of the review
10. Submit all the completed PR Narrative, an email or memo from the Vice President of their review and approval, and the audit report.

Note: Departments are responsible for preparing and submitting the PR. Internal Audit serves as the reviewer and is responsible for conducting the assessment and issuing the PR Assessment Report.

1.2 Roles and Responsibilities

1.2.1 Department Responsibilities

The department is responsible for the preparation, accuracy, and completeness of the Program Review. Specifically, the department is responsible for:

- Completing the Program Review Narrative.
- Answering all prompts and guiding questions included in the Program Review Template.
- Providing sufficient supporting documentation for all claims, conclusions, and analyses.
- Participating in the benchmarking survey process and selecting peer institutions, when applicable.
- Maintaining and organizing the Program Review Shared Folder.
- Ensuring all supporting documentation is properly labeled and accessible.
- Conducting a self-assessment using the Program Review Rubric prior to submission.
- Reviewing the final narrative for accuracy, clarity, and completeness.
- Obtaining Vice President approval prior to submission.
- Submit all required Program Review documents by the established deadline.

The department retains ownership of the Program Review and is responsible for the content, conclusions, and quality of the submission.

1.2.2 Internal Audit Responsibilities

Internal Audit serves as the Program Review coordinator and reviewer and is responsible for providing guidance and evaluating completed Program Reviews. Specifically, Internal Audit is responsible for:

- Providing Program Review templates, outlines, rubrics, timelines, and support materials.
- Creating Program Review Shared Folders.
- Providing institutional documents and resources, when available.
- Coordinating and administering benchmarking surveys.
- Assisting departments with procedural questions related to the Program Review process.
- Reviewing completed Program Reviews using the approved Program Review Rubric.
- Evaluating whether prompts, guiding questions, and rubric criteria have been adequately addressed.
- Identifying evidence gaps, inconsistencies, or areas requiring clarification.
- Preparing the final Program Review Assessment Report.
- Providing recommendations and feedback designed to support continuous improvement.

Internal Audit also maintains a Non-Instructional Program Review webpage that contains templates and resources to assist departments as they develop their Program Review.

Internal Audit does not write or complete Program Reviews on behalf of departments. Departments remain responsible for the content, accuracy, and completeness of their submissions.

1.2.3 Vice President Responsibilities

The Vice President is responsible for reviewing and approving the completed Program Review prior to submission. Specifically, the Vice President is responsible for:

- Reviewing the completed Program Review Narrative.
- Ensuring the review accurately reflects departmental operations, accomplishments, challenges, and priorities.
- Discussing significant findings, resource needs, or improvement opportunities with departmental leadership, as appropriate.
- Providing formal approval of the Program Review through an email or memorandum.

1.3 Program Review Responsibility Matrix

Activity	Department	Internal Audit	Vice President
Complete Program Review Narrative	✓		
Gather Supporting Documentation	✓	Assist	
Maintain Shared Folder	✓	Assist	
Coordinate Benchmarking Survey	Assist	✓	
Conduct Self-Assessment	✓		
Review Completed Program Review		✓	
Complete Program Review Rubric		✓	
Prepare and issue Assessment Report		✓	
Approve Final Program Review			✓

Activity	Department	Internal Audit	Vice President
Submit Required Documents	✓	Assist	

1.4 Program Review Timeline and Key Milestones

Milestone	Responsible party	Target date
Kickoff and assignment of department coordinator	Internal Audit / Department	October 1
Shared-folder access confirmed	Department	October 1
Peer institutions and survey questions selected	Department / Internal Audit	Beginning of Audit
Supporting documentation substantially complete	Department / Internal Audit	Beginning of Audit
Outline completed	Department	Mid-Audit
Draft narrative completed	Department	Mid-Audit to End-of-Audit
Departmental self-assessment completed	Department	End of Audit
Vice president review and approval	Department / Vice President	End of Audit
Final submission	Department	End of Audit/no later than September 30

* Timelines will be adjusted as needed and communicated to each program at the time of orientation.

2 Getting Started

2.1 Program Review Kickoff

At kickoff, the department should identify a review coordinator, confirm the review period, review the completion timeline, and determine how work will be assigned. The coordinator should schedule periodic internal check-ins and maintain the master narrative.

2.2 Required Program Review Documents

Required document	Purpose

Program Review Narrative	Presents the department's complete review and responses to all required sections.
Vice President Approval	Email or memorandum confirming that the vice president reviewed and approved the program review.
Internal Audit Report	Contains the completed assessment and rubric after review.

Submission note: The department submits the Program Review Narrative, vice president approval, and Internal Audit report through the designated form obtained by a link on the Internal Audit website.

2.3 Reviewing Prior Program Reviews and Assessments

If there has been a prior Program Review completed, review prior findings, recommendations, action plans, and unresolved items. Identify material changes since the prior review. Explain whether prior actions were completed and what results followed. Avoid copying prior narrative without updating the analysis and support.

2.4 Initial Planning Checklist

- Program review coordinator identified.
- Contributors and responsibilities assigned.
- Timeline communicated.
- Templates and rubric reviewed – see Program Review webpage.
- Shared-folder access confirmed.
- Prior review obtained, if applicable.
- Data owners identified.
- Benchmarking contacts or institution preferences considered.

3 Program Review Shared Folder

3.1 Accessing the Shared Folder

Internal Audit provides the shared folder used to organize program review materials. If access is unavailable, contact Internal Audit. Departments should not move, rename, or delete shared resources without coordinating the change.

3.2 Shared Folder Structure

Folder	Purpose
1. ADMIN (remove when complete)	Templates, program review examples, kickoff materials, rubric, peer-institution reference, and general instructions.

2. NARRATIVE DRAFTS (remove when complete)	Working outline and narrative drafts.
I. Description and Functions	Support for mission, functions, accomplishments, planning, and organizational context.
II. Staffing	Staffing lists, job descriptions, organizational chart, qualifications, payroll detail, and benchmarking support.
III. Assessment	Assessment plans, results, surveys, service data, and improvement evidence.
IV. Resources	Budgets, financial reports, benchmarking, technology, facilities, and equipment evidence.
V. Summary	SWOT support, priorities, and improvement action plans.

3.3 Folder Descriptions and Required Contents

3.3.1 Administrative Resources

- Program review template and outline.
- Program review rubric.
- Kickoff presentation.
- Program Review Descriptions and guiding questions.
- Peer-institution reference list.
- Approved examples, when provided.

3.3.2 Narrative Drafts

- Current working outline.
- Current narrative draft.
- Prior drafts only when needed for version history.

3.3.3 Section Documentation

Place each supporting document in the folder that corresponds to the narrative section where it is principally used. If one item supports multiple sections, link to the same source rather than storing duplicate copies.

3.4 Document Naming Conventions

Use names that allow a reviewer to identify the section, topic, period, and document without opening the file.

Element	Recommended format
Section	I, II, III, IV, or V
Topic	Short descriptive title

Period	Fiscal year, academic year, or date range
Version	Draft, Final, or MM.DD.YYYY when version history is needed
Example	III Assessment Results FY2023-FY2026 Final.pdf

3.5 Narrative Version Control and Draft Management

- Maintain one clearly identified current draft.
- Use dates or version numbers consistently.
- Remove obsolete drafts before final submission unless they are needed as evidence.
- Do not overwrite signed approval or final evidence files.

3.6 Linking Supporting Documentation in the Narrative

- Upload the supporting document to the correct shared-folder location.
- Use descriptive link text in the narrative, not a raw path or “click here.”
- Place the link immediately after the statement it supports.
- Test the link using an account with the same access as a reviewer.
- Confirm that the linked file opens to the intended document.

3.7 Final Shared Folder Review

- All cited support is present.
- All links open correctly.
- File names are descriptive.
- Duplicate and obsolete drafts are removed.
- Confidential information is appropriately handled.
- Temporary ADMIN and NARRATIVE DRAFTS folders are removed if instructed.
- Internal Audit will assign ownership of the One Drive to the department leader.

4 Preparing Supporting Documentation

4.1 Evidence and Documentation Expectations

Evidence should be relevant, reliable, sufficiently current for the statement being supported, and broad enough to show patterns rather than isolated examples. When the rubric or guiding questions call for historical analysis, the department should address the prior three to five years when information is available.

4.2 Gathering Supporting Documentation

- Begin with the guiding questions and rubric, not with the files already available.
- Assign a data owner for each required item.
- Document the source, period, and limitations of each dataset.
- Reconcile narrative totals to the supporting report.
- Retain source reports when calculations or summaries are created.

4.3 Acceptable Forms of Evidence

Evidence type	Examples
Governance and planning	Mission statements, strategic plans, approved procedures, organizational charts
Operations	Service records, process maps, workload reports, annual reports
Staffing	Employee listings, job descriptions, organizational charts, vacancy and turnover information
Assessment	Assessment plans, measures, results, surveys, trend reports, documented improvements
Resources	Budget reports, expenditure trends, inventories, space information, technology plans
External comparison	Peer survey results, professional standards, benchmark reports

4.4 Required and Optional Documentation

Required documentation is evidence directly requested by the template, guiding questions, rubric, or Internal Audit. Optional documentation may be included when it materially strengthens the analysis. Avoid uploading large quantities of material that are not cited or explained.

4.5 Evidence Requirements by Program Review Section

Section	Core evidence
Description and Functions	Mission, functions, customers, organizational context, strategic alignment, accomplishments
Staffing	Organizational chart, employee listing, job descriptions, workload or service trends, qualifications
Assessment	Outcomes, measures, results, analysis, changes made, evidence of follow-up
Resources	Budget trends, technology, facilities, equipment, resource comparisons and needs
Summary	SWOT support, priorities, action steps, owners, target dates

4.6 Addressing Unavailable or Incomplete Data

- State what information is unavailable.

- Explain the reason without speculating.
- Describe the period or population affected.
- Use an appropriate alternative measure when available.
- Identify a reasonable action to improve future data collection.

4.7 Protecting Confidential or Sensitive Information

- Include only information necessary for the review.
- Remove unnecessary personally identifiable information.
- Use aggregate data when individual-level detail is not required.
- Confirm folder access before uploading restricted information.
- Consult the appropriate university office when handling protected or sensitive records.

5 Benchmarking Survey

5.1 Purpose of Benchmarking

Benchmarking provides context for interpreting staffing, budgets, services, practices, and selected department-specific issues. Comparisons should be used as one source of evidence and should be explained in light of differences among institutions.

5.2 Selecting Peer Institutions

- Use the peer-institution reference provided in the administrative resources.
- Select institutions that are reasonably comparable for the questions being asked.
- Internal Audit recommends identifying ten institutions for survey distribution.
- If the department has no preference, Internal Audit may select institutions from the approved list.

5.3 Required Benchmarking Questions

Each survey should include participant information and questions concerning staffing and budgets. Department-specific questions may be added when they are clear, answerable, and tied to the program review.

5.4 Developing Department-Specific Questions

- Link each question to a decision, risk, or guiding question.
- Ask for comparable units and periods.
- Avoid double-barreled or ambiguous questions.
- Limit open-ended questions to topics that need explanation.
- Define specialized terms and requested calculations.

5.5 Internal Audit's Role in the Survey Process

Internal Audit develops and administers the survey using Microsoft Forms, reviews the responses, and prepares a benchmarking survey report for use as program review support.

5.6 Reviewing and Using Benchmarking Results

- Report the number and characteristics of respondents when available.
- Describe material similarities and differences.
- Avoid treating a small or mixed response group as a definitive standard.

- Connect the comparison to the department's analysis and proposed actions.

5.7 Documenting Benchmarking Limitations

- Low response volume.
- Different organizational structures.
- Different service populations.
- Different accounting or staffing definitions.
- Missing or incomplete answers.

6 Understanding the Program Review Rubric

6.1 Purpose and Structure of the Rubric

The rubric provides a consistent framework for assessing whether the narrative answers the required questions, supports its statements, analyzes appropriate periods, and demonstrates reflection and improvement. Departments should use the rubric during planning, drafting, and final review.

6.2 Relationship Between the Rubric and Guiding Questions

A strong narrative addresses both the rubric criterion and its associated guiding questions. Answering only the section heading or providing evidence without explanation may leave the criterion incomplete.

6.3 What Reviewers Look For

- A direct response to every prompt and guiding question
- Evidence that supports the statements made
- Three- to five-year information and trend analysis when applicable
- Explanation of significant changes, gaps, and limitations
- Connections between data, conclusions, and planned actions
- Evidence that assessment results informed improvement

6.4 Rubric Scoring Standards

6.4.1 Characteristics of a Score of 4

- All applicable guiding questions are fully answered.
- Adequate supporting evidence is provided and clearly connected to the narrative.
- The prior three to five years are addressed when the criterion calls for historical analysis.
- The narrative includes analysis, not only description.
- Conclusions and improvement actions logically follow from the evidence.

6.4.2 Characteristics of a Score of 3

- Most requirements are addressed, but one element may need clarification or stronger support.
- Evidence is generally sufficient but may not fully establish a trend or conclusion.
- Analysis is present but may not be consistently developed.

6.4.3 Characteristics of a Score of 2

- Several guiding questions are only partially answered.

- Evidence is limited, unclear, or not linked to the claim.
- The review relies primarily on description or a single year.
- Important gaps or inconsistencies remain.

6.4.4 Characteristics of a Score of 1

- The criterion is largely unaddressed.
- Required support is missing.
- The response is not sufficient to evaluate the criterion.

6.5 Three- to Five-Year Evidence Expectations

- Use consistent periods and definitions when possible.
- Explain changes in data sources or methodology.
- Show the trend in a table or chart when it improves understanding.
- Discuss why material increases, decreases, or fluctuations occurred.
- Do not award or claim the highest level based only on a current year when history is required.

6.6 Common Reasons Reviews Lose Points

- A guiding question is omitted.
- A statement is unsupported or linked to the wrong document.
- Only one year is presented when a trend is expected.
- Data is reported without analysis.
- Benchmark information is included without interpretation.
- Assessment results are reported without documenting an improvement response.
- The SWOT analysis is not grounded in prior sections.

6.7 Conducting a Departmental Self-Assessment

- Read each rubric criterion and its associated guiding questions.
- Identify the exact narrative location that answers the criterion.
- Identify the corresponding supporting evidence.
- Verify the period covered by the evidence.

7 Completing the Program Review Outline

7.1 Purpose of the Program Review Outline

The outline breaks the prompts and guiding questions into manageable segments. It should be used as the backbone of the review before content is transferred into the final narrative template.

7.2 Using the Prompts and Guiding Questions

- Respond directly to each question.
- Use complete thoughts, even during outline development.
- Identify the source that supports each response.
- Flag unanswered questions rather than omitting them.

7.3 Mapping Evidence to Guiding Questions

A single document may support several questions, but the outline should identify the relevant portion or data element. Conversely, one question may require several sources to support a complete response.

7.4 Identifying Evidence Gaps

- Missing period or year.
- No source for a material claim.
- Inconsistent totals.
- Unanswered sub-question.
- No documented analysis.
- No evidence of improvement action.

7.5 Reviewing the Completed Outline

Before narrative drafting begins, review the outline for completeness against the guiding questions and rubric. Resolve high-priority data needs early so they do not delay leadership review or submission.

8 Completing the Program Review Narrative

8.1 Using the Program Review Narrative Template

Use the current template from the administrative resources. Preserve required section titles and instructions.

8.2 Transferring Information from the Outline

- Convert outline responses into cohesive paragraphs.
- Group related facts and analysis.
- Use tables or figures for trends when they improve clarity.
- Retain the connection between each conclusion and its evidence.

8.3 Writing Expectations and Best Practices

- Use concise, professional language.
- Lead with the direct answer, then explain and support it.
- Use consistent names for departments, systems, measures, and periods.
- Distinguish fact, analysis, and planned action.
- Define all acronyms at first use and include repeated specialized terms in the glossary.

8.4 Answering All Prompts and Guiding Questions

Do not assume that related information elsewhere in the document answers a question. Make the connection explicit or add an appropriate cross-reference.

8.5 Presenting Three- to Five-Year Trends

- Label years and units clearly.
- Use the same basis across periods or explain changes.
- Discuss notable movement and contributing factors.

- Pair charts or tables with written interpretation.

8.6 Supporting Statements with Evidence

Evidence rule: A reviewer should be able to move from a narrative claim to the underlying support without guessing which file or calculation applies.

8.7 Referencing Supporting Documentation

- Use descriptive link text.
- Reference the document title and period.
- Place links near the supported statement.
- Confirm access and functionality before submission.

8.8 Defining Acronyms and Specialized Terms

- Spell out the term at first use.
- Use the acronym consistently thereafter.
- Include technical or institution-specific terms in the glossary when they recur.

8.9 Common Writing Mistakes to Avoid

- Repeating template language without answering the question.
- Listing facts without analysis.
- Using vague phrases such as “adequate” or “successful” without criteria.
- Presenting unsupported accomplishments.
- Using inconsistent periods or totals.
- Referring to attachments that are missing or inaccessible.

9 Section I: Description and Functions

9.1 Purpose of the Section

Explain why the department exists, what it does, whom it serves, how it is organized, and how its work supports institutional priorities.

9.2 Required Information and Guiding Questions

Address every prompt concerning mission, functions, customers, strategic alignment, major changes, and accomplishments.

9.3 Mission, Purpose, and Primary Functions

State the department mission or purpose and describe each major function. Distinguish core responsibilities from occasional activities.

9.4 Relationship to the University’s Mission and Strategic Plan

Identify the relevant institutional goal, strategy, or priority and explain the department’s contribution. Do not rely on a general statement of alignment.

9.5 Customers and Stakeholders Served

Identify internal and external groups served, the nature of services provided, and available indicators of demand or reach.

9.6 Significant Changes and Accomplishments

Describe material organizational, operational, regulatory, technology, or service changes across the review period. Support accomplishments with results or other evidence.

9.7 Recommended Supporting Documentation

- Mission statements.
- Organizational charts.
- Strategic plans.
- Operational plans.
- Service statistics.
- Annual reports.
- Process maps/SOPs.
- Accomplishment support.

9.8 Common Deficiencies

Mission is not connected to current functions; customers are not identified; accomplishments lack measures; major changes are listed without explaining their effects.

10Section II: Staffing

10.1 Purpose of the Section

Evaluate whether the organizational structure, staffing level, qualifications, workload, and development activities support the department's responsibilities.

10.2 Required Information and Guiding Questions

Address structure, positions, responsibilities, qualifications, vacancies, turnover, workload, development, and peer comparisons.

10.3 Organizational Structure

Provide a current organizational chart and explain reporting relationships, functional assignments, and material changes during the review period.

10.4 Staffing Levels and Three- to Five-Year Trends

Present staffing information over the review period using consistent definitions. Explain additions, reductions, vacancies, and workload effects.

10.5 Employee Qualifications and Job Responsibilities

Explain how education, experience, credentials, and assigned duties align with departmental needs. Note material role overlap or gaps.

10.6 Vacancies, Turnover, and Workload

Describe significant vacancies or turnover and their operational effects. Use workload or service indicators when available.

10.7 Professional Development

Summarize required and role-relevant development, participation, and how development supports current or emerging needs.

10.8 Benchmarking Staffing Levels

Compare roles, staffing levels, or workload cautiously and explain differences in scope or structure.

10.9 Recommended Supporting Documentation

- Organizational chart.
- Employee listing.
- Job descriptions.
- Resumes or CVs when requested.
- Payroll detail.
- Development records.
- Benchmarking report.

10.10 Common Deficiencies

Only current headcount is provided; vacancies and turnover are not analyzed; job descriptions are outdated; peer staffing is reported without considering scope.

11 Section III: Assessment

11.1 Purpose of the Section

Demonstrate how the department defines expected results, measures performance, evaluates findings, and uses results to improve services or operations.

11.2 Required Information and Guiding Questions

Address outcomes, measures, targets, results, analysis, improvement actions, and follow-up.

11.3 Outcomes and Objectives

Use clear, measurable statements focused on the result the department intends to achieve.

11.4 Measures and Assessment Methods

Identify the measure, source, population, frequency, responsible party, and success criterion.

11.5 Presenting Three- to Five-Year Assessment Results

Show results for the review period when available and use consistent measures. Explain missing years or changes in methodology.

11.6 Analyzing Results

Interpret patterns, compare results with targets, identify contributing factors, and describe limitations.

11.7 Using Results for Continuous Improvement

State what decision or change followed from the evidence, who was responsible, and when it occurred.

11.8 Closing the Assessment Loop

Report follow-up results or describe how the department will determine whether the action was effective.

11.9 Recommended Supporting Documentation

- Assessment planning reports.
- Survey instruments, summaries, and/or results.
- Service data.
- Meeting records documenting decisions, if applicable.
- Evidence of implemented changes, if applicable.

11.10 Common Deficiencies

Measures do not align with outcomes; data is presented without targets or analysis; actions are not linked to results; follow-up effectiveness is not assessed.

12 Section IV: Resources

12.1 Purpose of the Section

Evaluate whether financial, technology, facility, and equipment resources are sufficient, well used, and aligned with departmental responsibilities.

12.2 Required Information and Guiding Questions

Address budget patterns, resource adequacy, material constraints, technology, space, equipment, and evidence supporting unmet needs.

12.3 Financial Resources and Budget Trends

Present comparable budget and expenditure information across the review period. Explain material variances and funding changes.

12.4 Technology Resources

Identify major systems and technology dependencies, current limitations, continuity concerns, and planned replacements or improvements.

12.5 Facilities and Equipment

Discuss whether space and equipment support service delivery, safety, accessibility, privacy, and anticipated demand.

12.6 Resource Adequacy and Unmet Needs

Prioritize needs and connect each request to evidence, risk, service effect, or institutional priority.

12.7 Benchmarking Resource Levels

Use peer information as context and explain differences in funding structure, service scope, and institutional size.

12.8 Recommended Supporting Documentation

- Budget status reports/Contribution Margin/Profit and Loss.
- Space information.
- Benchmarking support.
- Inventories, if applicable.
- Maintenance or replacement plans, if applicable.
- Technology plans, if applicable.

12.9 Common Deficiencies

Only the current budget is shown; requested resources are not prioritized or supported; facilities and technology are described without addressing impact.

13 Section V: Summary

13.1 Purpose of the Section

Synthesize the review's most important conclusions and translate them into realistic priorities and improvement actions.

13.2 Required Information and Guiding Questions

Summarize major findings, complete a supported SWOT analysis, identify priorities, and document actions.

13.3 Summarizing Significant Findings

Focus on conclusions established in the prior sections. Avoid introducing unsupported issues for the first time.

13.4 SWOT Analysis

Use evidence from the review to identify internal strengths and weaknesses and external opportunities and threats.

13.5 Strategic Priorities

Identify a manageable set of high-impact priorities and explain how they address evidence, risk, service needs, or institutional goals.

13.6 Action Plans for Improvement

For each action, state the issue, planned response, responsible role, target date, required resources, and measure of success.

13.7 Recommended Supporting Documentation

- Completed SWOT.

- Action plan, if applicable.
- Supporting analysis, if applicable.
- Leadership decisions, if applicable.
- Relevant planning documents, if applicable.

13.8 Common Deficiencies

SWOT items are generic; actions lack owners or dates; priorities are not connected to evidence; success measures are omitted.

13.9 SWOT Analysis

Strengths	Weaknesses
Internal capabilities or results that are demonstrated by evidence and provide clear value.	Internal limitations, gaps, or risks that affect performance or sustainability.
Opportunities	**Threats**
External conditions or potential partnerships, practices, or resources the department could use beneficially.	External conditions that may adversely affect the department's services, resources, compliance, or continuity.

14 Finalizing the Program Review

14.1 Reviewing the Narrative for Completeness

- All required sections are present.
- All prompts and guiding questions are answered.
- Statements are supported.
- Three- to five-year periods are addressed where applicable.
- Tables and figures agree with source documents.

14.2 Verifying Responses to Prompts and Guiding Questions

Use the outline and rubric as a crosswalk. Record the narrative page or heading where each question is answered and identify the support used.

14.3 Rechecking the Narrative Against the Rubric

Reassess each anticipated score after revisions. A score of 4 should be used only when the guiding questions are answered, adequate support is provided, and the applicable three- to five-year period is addressed.

14.4 Verifying Supporting Documentation and Links

- Open every link.

- Confirm reviewer access.
- Confirm file name and period.
- Remove unnecessary duplicates.
- Verify that confidential information is appropriately handled.

14.5 Proofreading and Formatting Review

- Correct grammar and spelling.
- Use consistent terminology and capitalization.
- Define acronyms.
- Number tables and figures consistently.
- Check headings, page breaks, and table formatting.

14.6 Departmental Final Review

The program review coordinator should obtain a documented final review from responsible contributors and department leadership before forwarding the narrative for vice president approval.

14.7 Internal Audit Review and Assessment

Internal Audit will evaluate the narrative and support using the approved rubric. The department may receive questions, evidence requests, or recommended revisions before the assessment is finalized.

14.8 Responding to Internal Audit Questions or Requested Revisions

- Respond to each item directly.
- Identify the revised section or new support.
- Maintain a clear final version.
- Communicate when information is unavailable and explain the limitation.

14.9 Vice President Review and Approval

Obtain an email or memorandum confirming that the vice president reviewed and approved the program review. Save the approval as a final submission document.

15 Submitting the Program Review

15.1 Final Submission Requirements

- Final Program Review Narrative.
- Vice President approval email or memorandum.
- Internal Audit Report and Assessment Report if separate.

15.2 Submitting the Program Review Through Qualtrics

Use the current Program Review Submission Form administered by OIRE. Confirm that uploaded files are the final versions before completing the submission.

15.3 Final Submission Checklist

- Narrative is complete and approved.
- All guiding questions are answered.

- Acronyms are defined.
- Evidence links have been tested.
- Shared folder is organized.
- Benchmarking is addressed.
- SWOT and action plan are complete.
- Vice president approval is included.
- Final files are clearly named.

16 Frequently Asked Questions

16.1 Who should coordinate the review?

The department should designate one coordinator to manage assignments, deadlines, the master narrative, and the shared folder. Internal Audit recommends an employee who has been with the department the entire scope of review.

16.2 Can several people contribute?

Yes. Assign sections according to expertise but use one coordinator or editor to ensure consistent terminology, periods, and conclusions.

16.3 How much support is enough?

Support should be sufficient for a reviewer to verify material claims and evaluate the criterion. Quality, relevance, and connection to the narrative matter more than file volume.

16.4 What if three to five years of data is unavailable?

State what is unavailable, explain the reason, provide the best appropriate alternative, and identify how future data collection will be improved.

16.5 Must every benchmarking result match the department's structure?

No. Explain relevant differences and use peer information as context rather than an automatic standard.

16.6 What if a link does not work for a reviewer?

Confirm the file location and permissions, then replace or correct the link before submission.

16.7 Can the narrative refer to evidence without discussing it?

No, the narrative should explain what the evidence shows and why it matters. A link alone does not answer a guiding question.

16.8 Who approves the final review?

The vice president for the department's area provides approval by email or memorandum.

16.9 Assistance and Contact Information

For access, templates, rubric, or submission questions, contact Internal Audit.