

Appendix A. Program Review Preparation Worksheet

Date _____

INSTITUTIONAL INFORMATION

School Name _____	OPE ID _____	
Address _____	TIN _____	
City, State ZIP Code _____	DUNS _____	
Contact Person _____	Title _____	Phone _____
Fax # _____	Website _____	
Funding Method <input type="checkbox"/> Advance <input type="checkbox"/> CM1 <input type="checkbox"/> CM2 <input type="checkbox"/> Reimbursement <input type="checkbox"/> Just in Time		
Additional Location Address(es) (and Phone Number(s))		
1. _____		
2. _____		
3. _____		
Title IV Participation/ Current Funding Amount (Year _____)		
<input type="checkbox"/> Pell \$ _____	<input type="checkbox"/> FSEOG \$ _____	
<input type="checkbox"/> Perkins \$ _____	<input type="checkbox"/> FFEL \$ _____	
<input type="checkbox"/> FWS \$ _____	<input type="checkbox"/> DL \$ _____	

PROGRAM REVIEW PLANNING INFORMATION

Reviewer(s) Names
Reason School Selected for Review
Program Review Dates
Location
Type of Review
Statistical Sample Size
Source of Sampling Data <input type="checkbox"/> School <input type="checkbox"/> NSLDS
Award Years to Review
Entrance Conference Time
Number of Title IV Recipients
Random Sample Size

SCHOOL NAME:

OPE ID:

<input type="checkbox"/> Announced Review <input type="checkbox"/> Unannounced Review
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SUMMARY OF AREAS FOR PROGRAM REVIEW FOCUS

RESEARCH/BACKGROUND INFORMATION

AAAD/OGC/OIG ACTIONS

History of Admin Actions/Fines? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Issue(s)	Resolution(s)
Any OIG Investigations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Issue(s)	Resolution(s)

PRIOR ED PROGRAM REVIEW INFORMATION

PRCN _____	Review Date _____	Report Date _____	AYs Reviewed
Finding(s)	Liabilities		
Review Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	Liabilities Paid?

SCHOOL NAME:

OPE ID:

AUDIT INFORMATION

Missing Audits? <input type="checkbox"/> Yes <input type="checkbox"/> No Years Missing:		
Deficient Audits:		
Yr.	Major Findings:	Liabilities:
Recurring Issues?		
Corrective Action to be verified? <input type="checkbox"/> Yes <input type="checkbox"/> No Year?		

PRIOR GUARANTY AGENCY REVIEWS

Report Date _____	Award Years Reviewed
Finding(s)	Liabilities
Review Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Liabilities Paid?

OTHER AGENCY REVIEWS

Report Date _____	Award Years Reviewed
Finding(s)	Liabilities
Review Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Liabilities Paid?

School Name: _____

OPE ID: _____

PEPS/CMIS RESEARCH

Default Rates:	High Default Review? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provisional Recert? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reasons:
Letter of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Experimental Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Experiment Type:
Quality Assurance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Areas of concern/to be reviewed:	

DIRECT LOAN RESEARCH

Origination Level: <input type="checkbox"/> Standard <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2
Areas of concern/to be reviewed:

INSTITUTIONAL ASSESSMENT MODEL RESEARCH

Institutional Assessment Score:
Areas of concern/to be reviewed:

MISCELLANEOUS RESEARCH (COMPLAINTS/REFERRALS, ETC)

Issues:
Areas of concern/to be reviewed:

