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Appendix A. Program Review Preparation Worksheet

Date _____

INSTITUTIONAL INFORMATION

School Name _____ **OPE ID** _____
Address _____ **EIN** _____
City, State ZIP Code _____

Contact Person _____ **Title** _____ **Phone** _____

Branch Campus Address(es) (and Phone Number(s))

1. _____
2. _____
3. _____

Title IV Participation ❑ Pell ❑ Perkins ❑ FWS ❑ FSEOG ❑ FFEL

PROGRAM REVIEW PLANNING INFORMATION

Reviewer(s) Names _____
Reason School Selected for Review _____
Program Review Dates _____ Award Years to Review _____
Location _____ Entrance Conference Time _____
Survey/Team Review _____ Number of SPS Recipients _____
Statistical Sample Size _____ Random Sample Size _____

❑ Announced Review ❑ Unannounced Review

BACKGROUND INFORMATION

Correspondence, Complaints (Students/IDS),
Regional Institutional Files, CED Actions, OIG Actions

_____
_____
_____
_____
_____

NOTE: THIS WORKSHEET SHOULD BE USED IN CONJUNCTION WITH THE INSTITUTIONAL PROFILE FOR THIS PROGRAM REVIEW.

Program Review Preparation Worksheet (cont'd)

SCHOOL NAME: _____ **OPE ID:** _____

Date _____

PRIOR ED PROGRAM REVIEW INFORMATION

PRCN _____ **Review Date** _____ **Report Date** _____ **AY's Reviewed** _____

Finding(s) _____ Liabilities _____

Review Closed? ❑ Yes ❑ No Date: _____ Liabilities Paid? _____

AUDIT INFORMATION

ACN _____ **Award Years Audited** _____

Finding(s) _____ Liabilities _____

Audit Closed? ❑ Yes ❑ No Date: _____ Liabilities Paid? _____

PRIOR GUARANTY AGENCY REVIEWS

Report Date _____ **AY's Reviewed** _____

Finding(s) _____ Liabilities _____

Review Closed? ❑ Yes ❑ No Date: _____ Liabilities Paid? _____

STATE AGENCY REVIEWS (SPREs)

Report Date _____ **AY's Reviewed** _____

Finding(s) _____ Liabilities _____

Review Closed? ❑ Yes ❑ No Date: _____ Liabilities Paid? _____

AREAS FOR FOCUS

Prior/Repeat Findings- _____