**STANDARDIZED PROGRESS REPORT  
Program Retention**

Directions to the Program: The following questions have been developed by CoARC to guide your analysis and action plan directed toward improving your outcomes on **Program Retention**. Your Threshold Level of Success results on this outcome have triggered an accreditation dialogue consisting of assigning a referee and requiring this progress report. The referee is available to assist you with the preparation of this report and the identification of possible changes to improve your retention outcome.

Please refer to the CoARC website ([www.coarc.com](http://www.coarc.com)) for the current Thresholds.

**REMINDER**: Upon completion of this report, please forward a copy **electronically** to the Executive Office ([shelley@coarc.com](mailto:shelley@coarc.com)).

Program Name:

CoARC Program Number:

Your referee is:

Progress Report Due Date (see CoARC letter):

The name of the person completing this report:

Your relationship with the program (job title):

RETENTION CALCULATION GUIDELINES

The established threshold for Retention is 70%. The CoARC reviews this threshold over the most recent 3-year average reported. Programmatic retention: defined as the number of students formally enrolled\* in a respiratory care program and graduated from the program after completing all programmatic and graduation requirements, calculated as a percentage of the total number of students initially enrolled in that class.

The total number of students enrolled includes those who successfully completed the program as well as students who left the program for academic reasons (failure to achieve minimum grade requirements, ethical, professional or behavioral violations or violations of academic policies) that resulted in their expulsion from the program prior to graduation.

Students are not included in the retention definition who:

1. leave the program by the last day they are eligible for 100% tuition reimbursement within the first term of fundamental respiratory care core coursework;\*\*
2. Are in good academic standing who leave the program due to: financial, medical, or family reasons, military deployment, a change in their course of study, relocation to a different community, or reasons other than those described under academic reasons;
3. Are admitted to another educational program (same or different educational institution) prior to the scheduled graduation date of their RT class.

\*Programmatic enrollment begins when a student enrolls in the first core respiratory care course (non-survey, non-prereq) available only to students matriculated in the respiratory care program.  This may differ from the institutional definition of the enrollment or matriculation dates.

\*\*Fundamental respiratory care coursework is defined as: Professional coursework, focused on the preparation of the student as a competent Respiratory Therapist, as defined in CoARC Standard 3.01.

The Retention outcome as identified in the CoARC letter requesting this progress report:  %

Has there been any change in the Retention outcome since the receipt of the CoARC letter requesting this Progress Report?   
(Check one of the following boxes)   
  
 No  (if no, proceed to the questions on the next page)   
Yes  (if yes, complete the information below and then proceed to the questions on the next page)

If you answered ‘Yes’ above, please provide an analysis of the new outcome:

**Update and submit your program’s Annual Report of Current Status [RCS] (available at https://rcs.coarc.com/Account/Login).**

**Include a copy of the updated RCS when submitting the Progress Report.**

**QUESTIONS (RESPONSE IS REQUIRED FOR EACH SET OF QUESTIONS)**

**For Students Leaving for Non-Academic Reasons**:

1. Could the retention have been predicted at the time of the student's admission? For example, did the student expect to work part-time or full time during the program? Did the student have inadequate language skills to complete the program? If the answer is yes to any of the above, was the student adequately counseled about the rigors and time requirements of the program?

2. Was the student acquainted with the demands of the profession and the program? For example, does the program require prospective students to ‘shadow’ a respiratory therapist at one of its clinical sites before acceptance into program? Were potential or alleged health hazards explained to the student prior to acceptance? Does the program require a prospective student to speak with current students to get a feel for the physical and academic rigors of the program and profession? If some of the mandatory clinical sites are extremely distant, was this made clear to the student prior to admission?

3. Was adequate and timely financial aid and personal counseling available to students? Did students have a clear understanding of all financial requirements of the Program prior to admission? Do students in the program have access to all services available to students in other programs?

1. Were students apprised of professional behavioral expectations prior to admission? Were students adequately counseled as to the significance and importance of these behaviors as problems occurred?

**For Students Leaving for Academic Reasons:**

1. Could this have been predicted prior to admission based upon the student's prior academic performance? If so, was the student counseled that such an outcome was likely?

2. If the program has data demonstrating that a certain level of academic competence (e.g., GPA, aptitude tests) is required to succeed in the program, is this information used to set entrance requirements? In institutions with an ”open admissions” policy, do all programs have the same academic entrance requirements?

3. Does the program use non-respiratory prerequisite courses as a predictor of success?

4. Are students regularly informed and counseled about their academic progress? Is academic counseling and systematic remediation (e.g., tutoring) available for students who are having difficulties?

1. Can academic difficulties be traced to a particular instructor (didactic, laboratory, or clinical rotations)? Does the program regularly evaluate all of its instructors (e.g., Resource Assessment, course evaluations) and address any problems identified?

1. Can the students’ academic difficulties be traced to a particular course (regardless of instructor)?

If you have any questions concerning this progress report, please call the CoARC Executive Office at (817) 283-2835.

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