

Texas Workforce Commission—Career Schools and Colleges Program Improvement Plan

Within 30 days of receiving a Notice of Corrective Action, **complete and mail this Program Improvement Plan (PIP)** to: Texas Workforce Commission (TWC)—Career Schools and Colleges (CSC), 101 East 15th Street, Room 226T, Austin, Texas 78778-0001.

Instructions: Answer each question as accurately and thoroughly as possible. Use a **separate form** for each program. Fully address the following critical issues:

- Appropriateness of the program’s admissions criteria
- Quality of the program’s curriculum, instruction, materials, equipment, and facilities
- Use of the program’s advisory committee for program improvement (for programs with more than 200 clock hours)
- Effectiveness of follow-up with students, including completing CSC-072A Completer Follow-Up Survey
- Effectiveness of the employment assistance and resources provided to students

School Information		
School Number:	School Name:	
Program Information		
Approved Program Name:		
Student Employment Results		
Instructions: Fill in the fields below using the employment rates published on the Summary of Student Completion, Placement, and Employment report.		
Most Recent Reporting Year	Employment Rate: %	<input type="checkbox"/> Did not meet 60% minimum
Prior Reporting Year	Employment Rate: %	<input type="checkbox"/> Did not meet 60% minimum
Employment Rate		
Explain the main reason(s) that this program did not meet the required minimum rate of employment:		

Improvement Plan

Explain the school's plan to improve the employment rate:

A vocational program (program) approved by TWC must maintain a **rate of employment** of at least **60 percent** in the occupation for which the program is designed to train students. When a school program fails to achieve the minimum rate of employment, TWC places the program on a PIP. The PIP remains in effect until the next time the employment results are due; that is, on December 1, annually. For more information, see [Career Schools & Colleges Annual Reporting](#).

Certification

I certify that the information provided in this PIP is true and correct to the best of my knowledge. I understand that if the program's employment rate remains below 60 percent for three consecutive years, TWC will revoke its approval of the program.

Title:

Typed or Printed Name of Owner, Director, or Owner Designee:

Signature of Owner, Director, or Owner Designee:

Date:

Notary

State of _____ County of, _____ where witnessed.

Subscribed and sworn to me on (mm/dd/yyyy)

My commission expires: (mm/dd/yyyy)

Signature of Notary:

Stamp/Seal