|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Names of Programmes included in Review | Collaborative Provision (Y/N) | Review Point  | Academic Year of Review: | Date of initial review: | Date of update: |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Summary of student input into review and development of action plan:

Areas of Good Practice to highlight:



|  |  |
| --- | --- |
|  | Progress Status |
| Complete |
| In progress and on track to complete within identified timeline |
| Not started / in progress but unlikely to complete within identified timeline |
| Ref. | Performance Threshold | Agreed action | Timeline for Completion | Named Responsibility | (To be completed as part of progress update) |
| Actions Taken / Further Action Required | Progress Status |
| 1 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| *(Please add additional rows as necessary)* |