**SKILLs DEVELOPMENT COMMITTEE ANNUAL REPORT**

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| --- |
| Institution**Najran University**  |
| College/ Department |
| **Year and semester to which this report applies** |
| **Location (if not on main campus) (M/F)** |

1. **Summary of training and developing**

|  |  |  |
| --- | --- | --- |
| * Number of training presentations / workshops in the area of specialization prepared by academic staff of department
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |
| * Number of training presentations / workshops in the area of specialization prepared by external participation
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |
| * Number of community education programs, consulting and community service activities provided by the academic staff of department
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |
| * The proportion of teaching staff involved in professional development activities per department
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |

1. Radiological Sciences Department
2. Clinical Laboratory Department
3. Physiotherapy Department
4. **Training and Developing Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **Seminar/presentation (S/P) title**  | **Date**  | **Period**  | **Participants number**  | **Target group**  | **Location**  |
|  |  |  |  |  |  |  |
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1. **Evaluation training and developing activities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/P title** | **Participants (%) evaluate the S/P as relevant and effective (%)** | **Participants (%) evaluate the speaker to providing clear information at an appropriate level**  | **The % of participants who wish to repeat the S/P again**  | **Absence (%)** |
| **Radiology dpt**  | **Physiotherapy dpt** | **Lab dpt**  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

* **Summary of hospitality services during the S/P (with cost if applicable)**

**………………………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………………….**

* **A summary of the S/P staff wishes of academic staff for the next year**

**………………………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………………….**

* **Summary of importance training workshop from administrator point of view**

**………………………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………………….**

* **Annual needs for the training and developing Committee**

**………………………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………………….**

* **The total number of training partnerships that have been held**

**………………………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………………….**

* **The most important observations about the various training and developing programs**

**………………………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………………….**

* **A summary of what has been updated in the college website**

**………………………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………………….**

1. **Policies and Procedures**

|  |  |
| --- | --- |
| **D1. Number of available policies** | ………………………. |
| **D.2. Statement of adopted policies only**  | **Policy title**  | **The level of policy activation (High, Medium, low or None)**  |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **D.3. Improvement plan for policies**  | **Statement of policies with low or none level of activation** | **Summary of planning Action**  |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |

|  |  |  |
| --- | --- | --- |
| **Report complete by**: | **Signature** | **Date Report Completed** |
|  |  |  |
| **Approval of Measurement and Evaluation Committee by (if required):** | **Signature** | **Date**  |
|  |  |  |
| **Department Council approval No:**  | **Head of Department Council** | **Date** |
|  |  |  |

Note: all above signature are not required if report send by electronic administrative transactions