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**Course Operation Report**

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| **Institute of Higher Education** Chulabhorn Royal Academy |
| **College/Faculty/Department** Princess Agrarajakumari College of Nursing/ ………………..Department…………………..….. |

**Section 1: General Information**

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| 1. **Course Code and Title**   ภาษาไทย …………………………………………………  In English ……………………………………………..… |
| **2. Curriculum and Course Type**  **Program of Study**  Bachelor of Nursing Science (International program)  **Course Type**  Professional course: …………….Type……………… |
| **3. Prerequisite Courses** (if any) |
| **4. Course Coordinator and Instructor**  **Course Coordinator**  **Instructors** |
| **5. Semester/Academic Year** |
| **6. Study Site Location** |

**Section 2: Course Administration**

**1. Report on Actual Teaching Hours Compared to Lesson Plans**

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| **Topic of subject** | **Teaching hours as planned** | **Actual teaching hours** | **Specify reasons for the actual teaching differing from the lesson plan by more than 25%.** |
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**2. Topics that were taught but were not fully covered as initially planned**

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| **Topics that were taught but were not fully covered as initially planned (if any).** | **Significance of the topics that were not fully covered as initially planned** | **Mending method** |
|  | - | - |

**3. The Effectiveness of Teaching Methods Leading to Learning Outcomes as Specified in the Course Specification**

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| **Course Learning Outcomes** | **Teaching methods specified in the course details** | **Effectiveness** | | **Issues with teaching methods (if any), along with suggested solutions.** |
| **Yes** | **No** |
| CLO1 |  |  |  |  |
| CLO2 |  |  |  |  |
| CLO3 |  |  |  |  |

**4. Suggestions for Improving Teaching Methods**

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**Section 3: Summary of Course Implementation**

**1. Number of enrolled students: ……………………………. Students**

**2. Number of students at the end of the academic term: ………………………………. Students**

**3. Number of students who withdrew (W): ………………………..…………………… Students**

**4. Grade distribution**

|  |  |  |  |
| --- | --- | --- | --- |
| **Grades** | **Scores** | **Number of Students** | **Percentage** |
| A | 80-100 |  |  |
| B+ | 75-79 |  |  |
| B | 70-74 |  |  |
| C+ | 65-69 |  |  |
| C | 60-64 |  |  |
| **Total** |  |  |  |

**5. Factors Contributing to Non-normal Distribution of Grades (if any)**

………………………………………………………………………………………………………………………………………………………………………………………………………

**6. Variations from the Assessment Plan Outlined in the Course Specifications**

6.1 Variation in Assessment Timing: ………………………………………………………………………….

6.2 Variation in Learning Outcome Assessment: ……………………………………………………..

**7. Reviewing the Performance of the Students.**

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| **Methods** | **Results** |
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**Section 4: Problems and Consequences of Course Operations**

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| **1. Issues regarding learning resources and facilities.** | |
| **Problems with the utilization of teaching resources (if any).** | **Consequences** |
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| **2. Issues related to management and organization.** | |
| **Problems with management and organization (if any).** | **Impact on student learning outcomes.** |
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**Section 5: Course Evaluation**

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| 1. **Course assessment results by students (Attach documents)**   1.1 Key insights from student evaluations  1.2 Instructor's feedback on the insights from 1.1 |
| 1. **Course assessment results by other methods**   2.1 Key insights from assessments by other methods  2.2 Instructor's feedback on the insights from 2.1 |

**Section 6: Improvement Plan**

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| **1. Progress of Teaching and Learning Enhancement as Proposed in the Previous Report/Course** | | | |
| **Proposed improvement plan from the previous semester/ academic year** | | **Progress report** | |
|  | |  | |
| **2. Other Actions Taken to Improve the Course** | | | |
| **3. Proposed Improvement Plan for the Next Semester/Academic Year** | | | |
| **Suggestions** | **Deadline for completion** | | **Person(s) responsible** |
|  |  | |  |
| **4. Recommendations from the Course Instructor to the Curriculum Coordinator** | | | |

**Course Coordinator**

Signature: ................................................ Date of Report: ........................................

**Curriculum Coordinator**

Signature: ............................................... Date of Report Receipt: ........................................