

**Employer Advisory Council Meeting Minutes for {INSERT PROGRAM NAME}**
{INSERT DATE AND TIME OF MEETING}

{INSERT MEETING LOCATION}

Attended by:

|  |  |  |
| --- | --- | --- |
| Insert First & Last Name, Organization | Insert First & Last Name, Organization | Insert First & Last Name, Organization |
| Insert First & Last Name, Organization | Insert First & Last Name, Organization | Insert First & Last Name, Organization |
| Insert First & Last Name, Organization | Insert First & Last Name, Organization | Insert First & Last Name, Organization |
| Insert First & Last Name, Organization | Insert First & Last Name, Organization | Insert First & Last Name, Organization |
| Insert First & Last Name, Organization | Insert First & Last Name, Organization | Insert First & Last Name, Organization |
| Insert First & Last Name, Organization | Insert First & Last Name, Organization | Insert First & Last Name, Organization |

**I. Division of Teaching & Learning Business Items**

* QEP Enhancing Essential Skills Update & Results, Dr. Carla Stout
* Item 2
* Item 3

**II. Program-Specific Business Items**

* Item 1
* Item 2
* Item 3

**III. Soliciting Employer Feedback:**

* **Strengths of Graduates** - What is working well? Have recently hired graduates exceeded expectations and if so, in what areas have they excelled?
	+ Strength:
	+ Strength:
	+ Strength:
* **Area of Opportunity for Improvement** – Are there any aspects of the program and/or recently hired graduates that can be improved upon? What challenges in the workforce are you facing and how can we better prepare our students?
	+ Area of Focus 1:
	+ Area of Focus 2:
	+ Area of Focus 3:
* **Emerging Technology & Innovations:**

* **Employer Survey:** Please take time to provide feedback through a college-wide employer survey. The results are analyzed by instructors and administrators on an annual basis and we greatly value your feedback.