

(Including Reedley, Madera, and Oakhurst Campuses)

Program Review Handbook

Cycle Four

**Reedley College Mission Statement**

Reedley College, including its centers and sites, provides an accessible educational environment ensuring high-quality innovative learning opportunities supported by services for student success. We offer associate degree programs, career technical education, transfer level and basic skills courses. We instill a passion for learning that will meet the academic, workforce, and personal goals of our diverse population.

Strategic Plan

The current Strategic Plan may be found at:

<http://www.reedleycollege.edu/index.aspx?page=87>

**Purposes of Program Review**

The purposes of program review are to:

* Systematically assess instructional programs, student support services and administrative services using quantitative, qualitative, and student learning data for the purpose of:
* demonstrating, improving and communicating program effectiveness
* identifying program strengths and emerging trends
* facilitating improvements through substantiated goals
* Assess the level to which programs and services effectively support the:
	+ Mission (Commitment, Philosophy, and Vision)
	+ Strategic Plan
	+ Educational Master Plan
* Influence curriculum, college planning, decision-making, and resource allocation
* Promote collaboration and dialogue across campuses and disciplines

**Definitions**

**Program/Discipline or Support Service Area**

A program/discipline is a group of courses in the instructional area, or a group of activities or services in a Student Services, instructional, or administrative service area.

**Evaluation**

The process for assessing all or a part of a program

**FTEF**

A Full Time Equivalency Faculty (FTEF) is based upon a 15 Lecture Hour Equivalent (LHE - formula hours) of instruction. One lecture hour (50 minute period) = one lecture hour equivalent; one lab hour = .75 of one lecture hour equivalent.

**FTES**

A Full Time Equivalent Student (FTES) is the unit of measure based upon student attendance patterns used by the state in the formula for the apportionment of funds. WSCH is the primary factor used in the formula to calculate FTES.

**Labor Market Data**

A data table with current versus projected job openings over 10 years and the educational requirements for each job classification

**Grade/Mark Distribution**

Data table of counts and percentages of all final grades and marks by term

**Measures**

Those variables that can be observed, reviewed, or appraised to determine whether an objective developed from a goal has been attained.

**Perkins Core Indicators**

A set of 4 data tables compiled the CCCCO (Federal funds) to track vocational student cohorts in terms of completion, transfer and employment. It differs from program enrollment in that students are included in a cohort after they complete a set number of program courses at the level of SAM Code B and C which indicates that they have progressed in the program.

**Program Review Working Groups (PRWG)**

Groups formed to assess programs, support service areas, or administrative services and create a written report to be presented to the Program Review Committee.

**Unique Program**

 A “unique” program is broadly defined by State Center Community College District (SCCCD) as a program that epitomizes the college’s mission and its distinctiveness in the community. A “unique” Career Technical Education (CTE) program is defined by each campus to be an exceptional CTE program that exemplifies the mission of the college community in which it serves.

**Standard Data**

Includes the following data for 5-years (or 10 terms) for the overall college location and instructional program: Full-time to Part-time ratio per LHE, FTES by Term and Location, Enrollment by Term and Location, Enrollment by Term, Location and Gender, Enrollment by Term, Location and Age Category, Enrollment by Term, Location and Ethnicity, GPA by Term and Location, Success Rate by Term and Location, Retention Rate by Term and Location, Distance Education data, and Awards by Year and Location. To be provided by the Office of Institutional Research.

**Student Learning Outcomes (SLO); Program Learning Outcome (PLO); Institutional Learning Outcomes (ILO)**

These are the knowledge, skills, abilities, and attitudes that a student has attained at the end (or as a result) of his or her engagement in a particular set of collegiate experiences.

**Survey**

This is a data gathering instrument, e.g. a written questionnaire or interview.

**Top Code**

TOP is a system of numerical codes and titles used to identify programs in the California Community College system, and to collect and report information on programs and courses that have similar outcomes. Available on Blackboard.

**WSCH**

Weekly Student Contact Hours (WSCH) is the number of students in a class multiplied by the number of hours the class meets per week.

**Program Review Committee**

Composition

|  |  |
| --- | --- |
| **Area or Position of Representation** | **Term of Representation** |
| Faculty Chair (appointed by College President and Academic Senate) | Three-year term |
| President RC | Ex-Officio |
| Institutional Research Coordinator | Standing Member |
| Academic Senate President or Designee  | Standing Member |
| Administrator—RC appointed by the President | Two-year term |
| Administrator—MCCC appointed by the President | Two-year term |
| Program Area Dean | Ex-Officio |
| Faculty Rep. RC appointed by AS | Two-year term |
| Faculty Rep. MCCC appointed by AS | Two-year term |
| Faculty Rep. appointed by the Budget Committee | Two-year term |
| Faculty Rep. appointed by College Council | Two-year term |
| Student Services/Auxiliary. Rep. appointed by AS | Two-year term |
| Student Services/Auxiliary. Rep. appointed by AS | Two-year term |
| Classified Rep. appointed by CSEA | Two-year term |
| Classified Rep. appointed by CS | Two-year term |
| Student Rep. RC appointed by ASB | One-year term |
| Student Rep. NC appointed by ASB | One-year term |

Committee Purpose

* Assist programs in the completion of their program review reports
* Determine the degree of substantiation of each goal
* Forward Program Summary Report to the College Council
* Review and make recommendations for the Program Review Process and Handbook
* Work in conjunction with the Student Learning Outcomes Assessment Advisory Committee (a subcommittee of Program Review) on outcomes assessment matters
* Review Unique Program Review requests, determining Unique Program status.

Committee Process

* Review the submitted report
* Request modifications to the report to better substantiate goals and/or the event that the committee needs further clarification.
* Participate in the formal oral presentation, as requested
* Take formal action (vote) on the substantiation of goals, or request further modifications to the report
* Forward Program Review Summary Report and goals to the College Council
* Forward substantiated program goals to the appropriate committee chairs.

Meetings: Two meetings per month, or as needed. First and third Fridays at 12:00pm

Quorum: 51 percent of appointed members. Votes may occur electronically as proxy.

**Program Review Working Groups (PRWGs)**

The formation of the groups is the responsibility of the Vice President/Dean/Area Manager and the Program Coordinator and may include but not limited to:

* Department Chair or Program Coordinator
* Faculty or staff members from each area within the program across campuses
* Dean or Area Manager
* Institutional Researcher (contact with data needs)

Function: To assess programs, support service areas or administrative services and create a written report to be presented to the Program Review Committee.

**Program Review Cycle Timelines and Implementation Guidelines**

The Program Review process is conducted by each operational area or discipline every six years. The schedule is maintained by the Program Review chairperson in conjunction with the Vice President of Instruction, Vice President of Student Services, and Vice President of Administrative Services. Program Review is a three-semester process as indicated below.

**SEMESTER 1**

Flex Day Activity (attended by Program Members and Dean or Manager)

* Joint RC Program Review orientation lead by Program Review Chair
* Standard Data Package, Budget Data provided
* Orientation and review of provided data lead by Institutional Researcher
* Creation of Program Review Working Groups. Identify leader or contact person of working group and forward name to Program Review Chair. All communication from Chair will go to this identified person

By the end of the 9th Week

* Review Reedley College’s mission, strategic plan, educational master plan, prior Program Review recommendations and SLOs
* Respond to questions in Part 1 (General Information) and Part 3 (SLOs)
* Identify any internal (e.g., excel spread sheets, informal surveys, site maps) and external (e.g., State Chancellor’s office reports, commission on athletics reports, state reports, accreditation reports) data to be used in report. See folder on Blackboard for possible data.
* Identify any additional data elements needed including: focus groups, satisfaction surveys or Datatel data not included in standard data set
* Progress report sent to Program Review Committee Chair by Dean/Manager

Complete by the end of the semester

* Part 1: General Information
* Part 3: SLOs

**SEMESTER 2**

By the 2nd Week

* Progress report to Program Review Committee Chair

By the end of the 9th Week

* Respond to qualitative and quantitative questions in report
* Formulate goals based on report findings, primarily data
* Present preliminary findings to PRWG

By the end of the 12th week

* Send draft report to your Dean/Manager for review and editing
* Send draft report to Institutional Researcher for review of data elements

By the end of the 14th week

* Progress report sent to Program Review Committee Chair by Dean/Manager and Institutional Researcher

Complete by the end of the semester

* Part 2: Quantitative Section
* Part 4: Qualitative Section
* Part 5: Summary Section with Goals, Activities/Facilities/Curriculum/Equipment Necessary to Accomplish Goals, Resources Needed, and a Proposed Timeline
* Part 6: Student Learning Outcome Assessment Timeline and Curriculum Revision Timeline

**SEMESTER 3**

By the end of the 2nd Week

* Final Reports turned into the Program Review Chair, submitted by Dean/Manager

Weeks 4-12,

* Program Review Committee will meet to discuss submitted Program Reviews
* Committee comments on Program Review Report will be forwarded to individual programs

By the end of the 14th week

* Oral Presentations of Program Review Reports, as requested by the Committee
* Revised Program Review Reports submitted to Program Review Committee

By the end of the 18th week

* Program Review committee will meet to discuss and determine degree of substantiation of program goals

Prior to the following semester

* Summary Reports compiled by the Program Review Chair sent to the College Council

**Oral Presentations**

The Program Review Committee will request oral presentations of programs whose reports are late or delinquent or whose report content is of concern to the Committee. Programs will be asked to address the lateness or delinquency of their report and their plans for completion. Programs who have raised concerns over the content of their report will answer the Committee’s concerns and present an action plan for improvement of the report.

**Late and Delinquent Report Procedure**

In the case that a program does not submit their report by the required draft submission date (end of the 2nd week of the third semester) the report will be considered late. The program will proceed with the subsequent requirements of presenting an oral presentation and final report submission.  The program will not receive feedback from the Program Review Committee as is given when drafts are submitted on time.  The program must address the lateness of their report to the Program Review Committee during the oral presentation.  These presentations will continue to be recorded and posted on the Program Review Blackboard site.  If a program fails to present during their oral presentation time and/or submit a final program review report, the report will be considered delinquent and the program will be required to give an oral presentation and submit a final report the following semester.  The program will still need to respond to original curriculum update timelines. Programs that are delinquent will be reported to the Vice Presidents and President. Deadline extensions must be requested by the program’s administrative supervisor.

**FUTURE SEMESTERS**

* The College Council reviews goals
* Curriculum changes forwarded to Curriculum Committee by discipline faculty within two semesters unless the department has submitted a justification and timeline for an alternative update of its curriculum. This justification and timeline must be submitted with the final report and meet the approval of the Program Review and Curriculum Committees.
* Program Review report, oral presentation, and Summary Report posted to Blackboard by the Program Review Chair
* Complete Annual Program Review Action Plans report, due each September 1, and submit Budget Request to area Dean/Manager
* Complete Annual Program Review Goals Progress Report, due each May 1, and submit electronically to the Program Review Chair
* Update SLO mapping grids as needed
* Follow program-determined SLO assessment timeline for program, including all courses, certificates, and degrees.

### Program Review Self-Study: Instructional Programs

Please respond to the following statements in order. They are designed to create a thread of narration.

**I. General Information**

A. List the Instructional Area(s)

B. The program is offered (please select all appropriate locations):

☐ Reedley College ☐Madera Community College Center ☐Oakhurst Site ☐Distance Education

If program is offered at more than one campus site, these sites must be referenced where appropriate.

C. List California Community College Chancellor’s Office Taxonomy of Programs (TOP) Code (found on Blackboard—RC Program Review, Documents, Handbook and Supporting Documents)

D. General description of program(s) or service(s) offered:

D1. Current staffing (full-time and part-time faculty, staff, student aides, etc.);

D2. listing of courses in the program area including transfer/degree applicable, degree applicable/non-transfer, non-degree applicable, and non-credit;

D3. list of degrees and certificates;

D3. Does your program allow AP credit;

☐ Yes ☐No

Explain:

D4. Does your program have articulation agreements (eg. 2+2, Occutrack);

☐ Yes ☐No

Explain:

D5. brief facilities overview;

D6. equipment requirements including ongoing maintenance requirements and costs;

D7. supply requirements, if any.

E. Mission and Strategic Plan

E1. Describe how your program supports the College Mission Statement. Give a few specific examples.

E2. Describe how your program supports the College Strategic Plan. Give a few specific examples in the following chart. Actions and results are to be updated annually as a part of the Program Review Annual Report due each May 1.

|  |
| --- |
| **Proposed Implementation Program/Department Name: Program Review Year:**  |
| **Strategic Direction: (insert # here)** **(insert topic here )**  | Goal Statement: (insert Goal here) |
| Objective (insert objective number here) (insert objective here)  |
| SPECIFICActivity/Project Manner in which activity supports objective | MEASURABLEQualitative Data Baseline MeasuresQuantitative Data | ACTIONHow will you implement this activity/project?  | RESULTFOCUSED | TIMELINE |
|  |  |  | ☐ |  |

F. In the table below, list only the recommendations deemed substantiated by the Program Review Committee from the previous Program Review and the implementation status of each. Include in the status column any barriers encountered. Add or delete rows as needed.

**Previous Program Goals**

| **Goal** | **Status**  | **Outcome**  |
| --- | --- | --- |
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G. If applicable, in the table below, list the recommendations from the previous accreditation report and the status of each. Include in the status column any barriers encountered.

Previous ACCJC or Other Accreditation Recommendations

|  |  |  |
| --- | --- | --- |
| **Recommendation** | **Status**  | **Outcome**  |
|  |  |  |
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**II. Quantitative Analysis** These data provide an initial and important framework for review of programs and the program as a whole, for all campus sites. You may choose to only include data which is conclusive to your review and program goals. State why any data sets are not analyzed (ie. In line with the College). You must reference all campus sites where appropriate.

Please note that these data should be integrated with the qualitative analysis and SLO assessment to help support your Summary Statements & Goals

Insert suitable tables provided and formatted by the Institutional Researcher in your report. Additional graphs and charts are acceptable. Please be sure to label tables and charts and reference them by number in the narrative.

A. Provide short written comparative and trend analyses examining program and overall college trends for the data elements listed below. Include in the analyses:

* Significant fluctuations
* Impact of trends on Program
* Possible data elements to support this analysis.
* Total Enrollment
* Enrollment by Demographics: age, gender, & ethnicity
* Course Completion
* Success
* Program Mark Analysis Report
* FT/PT Enrollment Status
* WSCH/FTEF
* Number of Degrees/Certificates Awarded
* Perkins Core Indicators (if career-technical education program)
* Additional Data

(copy and paste tables here)

B. List the modes of delivery of instruction your program uses (F2F, DE, LGI, hybrid, virtual hybrid).

C. Use any conclusive comparison data provided/requested\* to analyze the success of the modes listed in B above. Compare these modes to total program and College data for:

* Enrollment
* Retention
* Success
* Program Mark Analysis
* GPA

\*Programs offering under 50% online courses may submit a comparative data request to the Institutional Researcher.

D. Analyze how the program’s historical funding patterns have impacted the program

**Budget Summary (to be completed by Dean)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | **20****-20** | **20****-20** | **20****-20** | **20     -20** | **20     -20** | **Total Division Budget**For the 5th year  **20****-20** | **Percent of Division 20****-20** |
| **Salaries** |       |       |       |       |       |       |       |
| **Benefits** |       |       |       |       |       |       |       |
| **Instructional Supplies** |       |       |       |       |       |       |       |
| XX0 |       |       |       |       |       |       |       |
| LT0 |       |       |       |       |       |       |       |
| Perkins |       |       |       |       |       |       |       |
| Grant Funded |       |       |       |       |       |       |       |
| **Non-Instructional Supplies** |       |       |       |       |       |       |       |
| XX0 |       |       |       |       |       |       |       |
| LT0 |       |       |       |       |       |       |       |
| Perkins |       |       |       |       |       |       |       |
| Grant Funded |       |       |       |       |       |       |       |
| **Operating Expenses** |       |       |       |       |       |       |       |
| XX0 |       |       |       |       |       |       |       |
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| Grant Funded |       |       |       |       |       |       |       |
| **Equipment** |       |       |       |       |       |       |       |
| XX0 |       |       |       |       |       |       |       |
| LT0 |       |       |       |       |       |       |       |
| Perkins |       |       |       |       |       |       |       |
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| Total |       |       |       |       |       |       |       |

**III. Student Learning Outcomes**

A. Describe in what ways the program maintains an ongoing, collegial, self-reflective dialogue about the continuous improvement of student learning, including work with adjunct faculty. Provide examples.

B. Include the hyperlink(s) for the course and program/degree/certificate to ILO mapping grid as it is stored in your Blackboard SLO Assessment folder here.

C. Give a brief overview of the course assessments completed during the last five years, highlighting any results and action plans that have been particularly helpful in improving student learning and your program. Provide all Course SLO Assessment Report Forms for your program in appendix A.

D. Give an overview of the program/degree/certificate assessments completed during the last five years, highlighting any results and action plans that have been particularly helpful in improving student learning and your program. Provide all Instructional Program/Degree/Certificate SLO Assessment Report Forms for your program in appendix B.

E. Based on your assessments, have you identified additional resources needed to support the improvement of student learning or remedy any gaps you have found within your program (ie. staff development/training, equipment, technology, guest speaker, etc.)? Be sure to include these in your goals with appropriate page number references.

|  |  |
| --- | --- |
| Assessment Type | Total number of courses using this assessment type |
| Item analysis of exams, etc. |  |
| Assignments based on rubrics |  |
| Assignments based on checklists |  |
| Direct observation of performances |  |
| Student self-assessments |  |
| CAT (clickers, mediated responses) |  |
| Capstone projects or final summative assessments |  |
| Other |  |

|  |  |
| --- | --- |
| Action Plan | Total number of courses using this action plan |
| Results are positive--no changes |  |
| Conduct further assessment |  |
| Use new or revised teaching methods |  |
| Develop new methods of evaluating student work |  |
| Plan purchase of new equipment or supplies |  |
| Make changes in staffing plan |  |
| Engage in professional development about best practices |  |
| Revise the course sequence or prerequisite |  |
| Revise the course syllabus or outline |  |
| Unable to determine |  |
| Other |  |

**IV. Qualitative Analysis**

Please note that these data should be integrated with the quantitative analysis, and SLO assessment to help support your Summary Statements and Goals. You must reference all campus sites, where appropriate.

A. Describe future trends or current best practices in teaching and learning unique to your area which are likely to influence your discipline. How will students be affected by these trends?

* Political (local ordinances, state or federal legislation, Title 5, Ed Code)
* Economic (Labor Market Data, District Fact Book, Advisory Committees)
* Sociological (migrant population, single parents, aging population trends)
* Technological (access, security, ethics)
* Educational (High School Graduation Rates, competition from other public and private postsecondary institutions, online education)

B. Describe and include rationale for any curriculum changes anticipated in the next 5 years. (If not applicable leave blank)

* Major course revisions
* Course deletions
* New courses
* Revised or new options within a program
* Proposed new programs
* Distance education/hybrid courses
* Enrollment trends
* Articulation changes
* Provide justification for programs consisting of 30 units or more in the major. (Reference quantitative data relative to degrees and certificates awarded)

C. Discuss how your program meets the needs of the College’s diverse student:

C1. High-quality instruction of varying delivery modes and teaching methodologies. Provide examples.

C2. Discuss course offerings, (ie. times, location, delivery, etc.), identifying any needs that are not met. Provide examples.

C3. Appropriate breadth, rigor, sequencing, and completion time. Provide examples.

D. For students completing vocational and occupational certificates and degrees, describe how students will meet employment and other applicable standards and are prepared for external licensure and certifications.

E. Describe what your program has done to create links with support services or other instructional programs, if any.

F. Describe any community or other institution partnerships or collaboration of which your program has had a part.

G. If you are a CTE-eligible program and wish to be designated as a Uinique Program, justify your reasons with responses to the following, as applicable:

 **Qualitative Measures** (External demand, workforce needs, and economic development)

* Describe the community need and job availability for program graduates.
* How does the program respond to changing needs of industry?
* Describe community support for the program (e.g., advisor groups, partners, and employers).
* Address if the program duplicates similar training programs in the area with the same Standard Operating Codes (SOC).
* Describe job placement and internships for this program.
* What are the required external accreditation, licensure, and/or oversight (if any)? If yes, please describe.
* How does the program align with nationally recognized industry standards, curriculum, and/or skill development?
* Describe the program’s physical resources including facilities and equipment.

**Quantitative Measures**

* What are the program’s WSCH/FTEF and FTES/FTEF data for last three years?
* What is the full-time faculty to part-time faculty ratio?
* What are the enrollment trends for the last three years?
* Indicate the number of degrees and certificates awarded in the last three years.
	+ Certificates of Completion
	+ Certifications of Achievement
	+ Local (low unit) Certificates
* What are the program’s retention rates for the last three years?
* What is the demand for the program (Standard Operating Code) – State and Regional?
	+ Please include industry size and growth, current and forecasted job growth by position, count, and percentage, and wage data (identify low, median, and high wage levels).

H. Accreditation Standard II.A. makes regular reference to ensuring appropriate (and sometimes equivalent) offerings “regardless of…location.” If this program is being considered for expansion to the Madera and/or Oakhurst campuses, answer the following questions:

Expansion to: \_\_\_\_\_Madera \_\_\_\_\_Oakhurst

H1.To how many degrees does this program contribute? Would the addition of courses at this location positively impact “student progress”? To what projected degree?

H2. Has the service (geographic) area grown in terms of population (information available from [www.census.gov](http://www.census.gov))? *(Population growth speaks to potential demand for growth and expansion of programs and services.)*

H3. Previously, has it been a conscious and data-driven decision to ***NOT*** expand this program to the north campuses of Reedley College? If so, why? What has changed that now warrants the expansion?

H4. Have courses in the area been offered in the last five years? If so, when? Why are the courses no longer offered?

H5. What is the rate of overall growth at Madera Community College Center/Oakhurst campus? Is it less than, in line with, or exceeding the growth at other locations in the District (this information is available at ir.scccd.edu)?

H6. What specific resources (equipment, space, personnel) would be needed to expand this program?

H7. Is there evidence of an institutional demand for the expansion? If not, what is the plan for recruiting students into the program? Who will be involved in executing the plan?

**V. Summary Statement**

A. Describe the major conclusions reached based on this report’s quantitative and qualitative analyses and evaluation of the assessment of student learning outcomes.

B. Based on the conclusions above, complete the table below. Use these goals to inform annual budget worksheet. Add rows as needed.

0=State mandated and required by accreditation, licensing or regulatory requirement

1=Essential to the operation of the program or health and safety

2=Important, but not essential or required

3=Expand or enhance program (wish list)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Curriculum/Pedagogical Goals | Page number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP GoalLink |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Facility Goals | Page number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP GoalLink |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Assessment Goals | Page number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP GoalLink |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Supply Goals | Page number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP GoalLink |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Technology Goals | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Staffing Goals(grow or maintain staffing—this section may be copied and pasted into the Faculty Prioritization Request) | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
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| --- | --- | --- | --- | --- | --- |
| Distance Education Goals(curricular or student services) | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
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| --- | --- | --- | --- | --- | --- |
| Scheduling Goals(FTES/SQ.FT. data needed for reports) | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
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| --- | --- | --- | --- | --- | --- |
| Additional Goals | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
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\*As supported primarily by the report’s quantitative and qualitative analyses and evaluation of the assessment of student learning outcomes

**Note: Summary Statements are needed for each campus, if applicable.**

### Student Learning Outcome Assessment Timeline

Complete the following chart indicating which year course, program, degree, and certificate outcomes will be completed. Each course must be assessed at least once during this timeframe. The program may conduct as many assessments of a single course, program, degree, or certificate as is meaningful.

|  |  |  |
| --- | --- | --- |
| Year | Courses, Program, Degree, and/or Certificate to be assessed | Person responsible for heading assessment and completing Reporting Form |
| Year 120\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 220\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 320\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 420\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 520\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |

### Curriculum Revision Timeline

This Curriculum Revision Timeline will be tracked by the Curriculum Chair. Add/delete rows as needed.

|  |  |  |
| --- | --- | --- |
| **Course** | **Semester revision to be submitted** | **Person responsible for revision** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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### Program Review Self-Study: Non-Instructional Programs And Services

Please respond to the following statements in order. They are designed to create a thread of narration.

If your program has assessment standards particular to your field or area (e.g., standards developed by professional associations), please document this where appropriate in your report.

**I. General Information**

A. Program/Service Area

B. The program is offered (please select all appropriate locations):

☐ Reedley College ☐Madera Community College Center ☐Oakhurst Site ☐Distance Education

If program is offered at more than one campus site, these sites must be referenced where appropriate.

C. Mission and Strategic Plan

C1. Describe how your program supports the College/Centers Mission Statement. Give a few specific examples.

C2. Describe how your program supports the College/Centers Strategic Plan. Give a few specific examples in the following chart. Actions and results are to be updated annually as a part of the Program Review Annual Report due each May 1.

|  |
| --- |
| **Proposed Implementation Program/Department Name: Program Review Year:**  |
| **Strategic Direction: (insert # here)** **(insert topic here )**  | Goal Statement: (insert Goal here) |
| Objective (insert objective number here) (insert objective here)  |
| SPECIFICActivity/Project Manner in which activity supports objective | MEASURABLEQualitative Data Baseline MeasuresQuantitative Data | ACTIONHow will you implement this activity/project?  | RESULTFOCUSED | TIMELINE |
|  |  |  | ☐ |  |

D. General description of program and/or service(s) that are offered in department or sub-department. Include:

D1. current staffing;

D2. brief facilities overview;

D3. equipment requirements including ongoing maintenance requirements and costs;

D4. technology requirements;

D5. supply requirements, if any

E. In the table below, list only the recommendations deemed substantiated by the Program Review Committee from the previous Program Review and the implementation status of each. Include in the status column any barriers encountered. Add/delete rows as needed.

Previous Program Goals

|  |  |  |
| --- | --- | --- |
| **Goal** | **Status**  | **Outcome**  |
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E. If applicable, in the table below, list the recommendations from the previous accreditation report and the status of each. Include in the status column any barriers encountered.

Previous ACCJC or Other Accreditation Recommendations

|  |  |  |
| --- | --- | --- |
| **Recommendation** | **Status**  | **Outcome**  |
|  |  |  |
|  |  |  |
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**II. Quantitative Analysis**

A. How many students served by program/service area in the past year? How does this compare with past years?

B. Identify and describe the processes and procedures that the program/services area uses to assess and measure outcomes. List the best ways to measure the quality and success of your program. If a student or staff questionnaire has been developed, validated by institutional researcher, and administered, please report results. Use the following as suggestions:

* Satisfaction (students, staff, and community)
* Success
* Participation
* Retention
* Demographics (age, gender, ethnicity)
* Additional data (assess program/services to the standards for the area)

(copy and paste tables here)

C. If your program offers online services, use the collected data to evaluate your online services in comparison to your face-to-face services, in order to ensure equitable access to resources and services regardless of location.

D. Provide a short analysis of the process and procedures identified in B above.

E. Analyze how the program’s historical funding patterns have impacted the program.

**Budget Summary**

**(to be completed by Manager)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | **20     -20** | **20     -20** | **20     -20** | **20     -20** | **20     -20** | **Total Division Budget**For the 5th year  **20     -20** | **Percent of Division 20     -20** |
| **Salaries** |       |       |       |       |       |       |       |
| **Benefits** |       |       |       |       |       |       |       |
| **Instructional Supplies** |       |       |       |       |       |       |       |
| XX0 |       |       |       |       |       |       |       |
| LT0 |       |       |       |       |       |       |       |
| Perkins |       |       |       |       |       |       |       |
| Grant Funded |       |       |       |       |       |       |       |
| **Non-Instructional Supplies** |       |       |       |       |       |       |       |
| XX0 |       |       |       |       |       |       |       |
| LT0 |       |       |       |       |       |       |       |
| Perkins |       |       |       |       |       |       |       |
| Grant Funded |       |       |       |       |       |       |       |
| **Operating Expenses** |       |       |       |       |       |       |       |
| XX0 |       |       |       |       |       |       |       |
| LT0 |       |       |       |       |       |       |       |
| Perkins |       |       |       |       |       |       |       |
| Grant Funded |       |       |       |       |       |       |       |
| **Equipment** |       |       |       |       |       |       |       |
| XX0 |       |       |       |       |       |       |       |
| LT0 |       |       |       |       |       |       |       |
| Perkins |       |       |       |       |       |       |       |
| Grant Funded |       |       |       |       |       |       |       |
| Total |       |       |       |       |       |       |       |

**III. Student Learning Outcomes**

A. Describe in what ways the program maintains an ongoing, collegial, self-reflective dialogue about the continuous improvement of student learning, including work with adjunct faculty. Provide examples.

B. Include the hyperlink for the program to ILO mapping grid as it is stored in your Blackboard SLO Assessment folder here.

C. Give a brief overview of the program assessment completed during the last five years, highlighting any results and action plans that have been particularly helpful in improving student learning and your program. Provide all Non-instruction Program SLO Assessment Report Forms for your program in appendix B.

D. Based on your assessments, have you identified additional resources needed to support the improvement of student learning or remedy any gaps you have found within your program (eg. staff development/training, equipment, technology, etc.)? Be sure to include these in your goals.

|  |  |
| --- | --- |
| Assessment Tool |  |
| "Direct observation of performances, structured practice or drills, “practical” exams, small group work, etc. |  |
| Self-assessments  |  |
| Internal/External Data |  |
| Other |  |
| No Assessment Report |  |

|  |  |
| --- | --- |
| Action Plan |  |
| Results are positive--no changes |  |
| Conduct further assessment |  |
| Use new or revised resources or services |  |
| Develop new methods of evaluating student learning |  |
| Plan purchase of new equipment or supplies |  |
| Make changes in staffing plan |  |
| Engage in professional development |  |
| Unable to determine |  |
| Other |  |
| No Action Plan |  |

**IV. Qualitative Analysis**

Please note that these data should be integrated with the qualitative analysis, and Program Learning Outcome assessment to help support your Summary Statements and Goals. Reference all campus sites, where appropriate.

A. Describe future trends or current best practices unique to your area that are likely to influence your program. How will students be affected by these trends?

* Political (local ordinances, state or federal legislation, Title 5, Ed Code)
* Economic (Labor Market Data, District Fact Book, Advisory Committees)
* Sociological (migrant population, single parents, aging population trends)
* Technological (access, security, ethics)
* Educational (High School Graduation Rates, competition from other public and private postsecondary institutions, online education)

B. Describe how your program provides equitable access to all of its students by providing appropriate, comprehensive, and reliable services to students regardless of service location or delivery method.

C. As applicable, describe the ways in which your program assures the security, maintenance, and reliability of services provided either directly or through contractual arrangement. Describe how your program evaluates these services to ensure their effectiveness.

**V. Summary Statement**

B. Describe the major conclusions reached based on this report’s quantitative and qualitative analyses and evaluation of the assessment of program learning outcomes.

C. Based on the conclusions above, complete the tables below. Use these goals to inform annual budget worksheets. Add rows as needed.

0=State mandated and required by accreditation, licensing or regulatory requirement

1=Essential to the operation of the program or health and safety

2=Important, but not essential or required

3=Expand or enhance program (wish list)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Curriculum/Pedagogical Goals | Page number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP GoalLink |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Facility Goals | Page number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP GoalLink |
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| --- | --- | --- | --- | --- | --- |
| Assessment Goals | Page number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP GoalLink |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supply Goals | Page number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP GoalLink |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Technology Goals | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
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| --- | --- | --- | --- | --- | --- |
| Staffing Goals(grow or maintain staffing—this section may be copied and pasted into the Faculty Prioritization Request) | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Distance Education Goals(curricular or student services) | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
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| --- | --- | --- | --- | --- | --- |
| Scheduling Goals(FTES/SQ.FT. data needed for reports) | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Additional Goals | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
|  |  |  |  |  |  |

\* As supported by the report’s quantitative and qualitative analyses and evaluation of the assessment of student learning outcomes

Note: Summary Statements are needed for each campus, if applicable.

### Program Learning Outcome Assessment Timeline

Complete the following chart indicating which year program outcomes will be completed. Each outcome must be assessed at least once during this timeframe. The program may conduct as many assessments of a single outcome as is meaningful.

|  |  |  |
| --- | --- | --- |
| Year | Program outcome to be assessed | Person responsible for heading assessment and completing Reporting Form |
| Year 120\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 220\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 320\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 420\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 520\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |

### Program Review Self-Study: Hybrid Programs

Please respond to the following statements in order, as appropriate for your program. They are designed to create a thread of narration.

**I. General Information**

A. List the Instructional Area(s)

B. The program is offered (please select all appropriate locations):

☐ Reedley College ☐Madera Community College Center ☐Oakhurst Site ☐Distance Education

If program is offered at more than one campus site, these sites must be referenced where appropriate.

C. List California Community College Chancellor’s Office Taxonomy of Programs (TOP) Code (found on Blackboard—RC Program Review, Documents, Handbook and Supporting Documents)

D. General description of program(s) or service(s) offered:

D1. Current staffing (full-time and part-time faculty, staff, student aides, etc.);

D2. listing of courses in the program area including transfer/degree applicable, degree applicable/non-transfer, non-degree applicable, and non-credit;

D3. list of degrees and certificates;

D3. Does your program allow AP credit;

☐ Yes ☐No

Explain:

D4. Does your program have articulation agreements (eg. 2+2, Occutrack);

☐ Yes ☐No

Explain:

D5. brief facilities overview;

D6. equipment requirements including ongoing maintenance requirements and costs;

D7. supply requirements, if any.

E. Mission and Strategic Plan

E1. Describe how your program supports the College Mission Statement. Give a few specific examples.

E2. Describe how your program supports the College Strategic Plan. Give a few specific examples in the following chart. Actions and results are to be updated annually as a part of the Program Review Annual Report due each May 1.

|  |
| --- |
| **Proposed Implementation Program/Department Name: Program Review Year:**  |
| **Strategic Direction: (insert # here)** **(insert topic here )**  | Goal Statement: (insert Goal here) |
| Objective (insert objective number here) (insert objective here)  |
| SPECIFICActivity/Project Manner in which activity supports objective | MEASURABLEQualitative Data Baseline MeasuresQuantitative Data | ACTIONHow will you implement this activity/project?  | RESULTFOCUSED | TIMELINE |
|  |  |  | ☐ |  |

F. In the table below, list only the recommendations deemed substantiated by the Program Review Committee from the previous Program Review and the implementation status of each. Include in the status column any barriers encountered. Add or delete rows as needed.

**Previous Program Goals**

| **Goal** | **Status**  | **Outcome**  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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G. If applicable, in the table below, list the recommendations from the previous accreditation report and the status of each. Include in the status column any barriers encountered.

Previous ACCJC or Other Accreditation Recommendations

|  |  |  |
| --- | --- | --- |
| **Recommendation** | **Status**  | **Outcome**  |
|  |  |  |
|  |  |  |
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**II. Quantitative Analysis** These data provide an initial and important framework for review of programs and the program as a whole, for all campus sites. You may choose to only include data which is conclusive to your review and program goals. State why any data sets are not analyzed (ie. In line with the College). You must reference all campus sites where appropriate.

Please note that these data should be integrated with the qualitative analysis and SLO assessment to help support your Summary Statements & Goals

Insert suitable tables provided and formatted by the Institutional Researcher in your report. Additional graphs and charts are acceptable. Please be sure to label tables and charts and reference them by number in the narrative.

A. Provide short written comparative and trend analyses examining program and overall college trends for the data elements listed below. Include in the analyses:

* Significant fluctuations
* Impact of trends on Program
* Possible data elements to support this analysis. Total Enrollment
* Enrollment by Demographics: age, gender, & ethnicity
* Retention
* Success
* Program Mark Analysis Report
* FT/PT Enrollment Status
* WSCH/FTEF
* Number of Degrees/Certificates Awarded
* Perkins Core Indicators (if career-technical education program)
* Additional Data

(copy and paste tables here)

B. List the modes of delivery of instruction your program uses (F2F, DE, LGI, hybrid, virtual hybrid).

C. Use any conclusive comparison data provided/requested\* to analyze the success of the modes listed in B above. Compare these modes to total program and College data for:

* Enrollment
* Retention
* Success
* Program Mark Analysis
* GPA

\*Programs offering under 50% online courses may submit a comparative data request to the Institutional Researcher.

D. How many students served by program/services area in the past year? How does this compare with past years?

E. Analyze how the program’s historical funding patterns have impacted the program

**Instructional Budget Summary (to be completed by Dean)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | **20     -20** | **20     -20** | **20     -20** | **20     -20** | **20     -20** | **Total Division Budget**For the 5th year  **20     -20** | **Percent of Division 20     -20** |
| **Salaries** |       |       |       |       |       |       |       |
| **Benefits** |       |       |       |       |       |       |       |
| **Instructional Supplies** |       |       |       |       |       |       |       |
| XX0 |       |       |       |       |       |       |       |
| LT0 |       |       |       |       |       |       |       |
| Perkins |       |       |       |       |       |       |       |
| Grant Funded |       |       |       |       |       |       |       |
| **Non-Instructional Supplies** |       |       |       |       |       |       |       |
| XX0 |       |       |       |       |       |       |       |
| LT0 |       |       |       |       |       |       |       |
| Perkins |       |       |       |       |       |       |       |
| Grant Funded |       |       |       |       |       |       |       |
| **Operating Expenses** |       |       |       |       |       |       |       |
| XX0 |       |       |       |       |       |       |       |
| LT0 |       |       |       |       |       |       |       |
| Perkins |       |       |       |       |       |       |       |
| Grant Funded |       |       |       |       |       |       |       |
| **Equipment** |       |       |       |       |       |       |       |
| XX0 |       |       |       |       |       |       |       |
| LT0 |       |       |       |       |       |       |       |
| Perkins |       |       |       |       |       |       |       |
| Grant Funded |       |       |       |       |       |       |       |
| Total |       |       |       |       |       |       |       |

**Non Instructional Budget Summary (to be completed by Dean)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | **20     -20** | **20     -20** | **20     -20** | **20     -20** | **20     -20** | **Total Division Budget**For the 5th year  **20     -20** | **Percent of Division 20     -20** |
| **Salaries** |       |       |       |       |       |       |       |
| **Benefits** |       |       |       |       |       |       |       |
| **Instructional Supplies** |       |       |       |       |       |       |       |
| XX0 |       |       |       |       |       |       |       |
| LT0 |       |       |       |       |       |       |       |
| Perkins |       |       |       |       |       |       |       |
| Grant Funded |       |       |       |       |       |       |       |
| **Non-Instructional Supplies** |       |       |       |       |       |       |       |
| XX0 |       |       |       |       |       |       |       |
| LT0 |       |       |       |       |       |       |       |
| Perkins |       |       |       |       |       |       |       |
| Grant Funded |       |       |       |       |       |       |       |
| **Operating Expenses** |       |       |       |       |       |       |       |
| XX0 |       |       |       |       |       |       |       |
| LT0 |       |       |       |       |       |       |       |
| Perkins |       |       |       |       |       |       |       |
| Grant Funded |       |       |       |       |       |       |       |
| **Equipment** |       |       |       |       |       |       |       |
| XX0 |       |       |       |       |       |       |       |
| LT0 |       |       |       |       |       |       |       |
| Perkins |       |       |       |       |       |       |       |
| Grant Funded |       |       |       |       |       |       |       |
| Total |       |       |       |       |       |       |       |

**III. Student Learning Outcomes**

A. Describe in what ways the program maintains an ongoing, collegial, self-reflective dialogue about the continuous improvement of student learning, including work with adjunct faculty. Provide examples.

B. Include the hyperlink(s) for the course and program/degree/certificate to ILO mapping grid as it is stored in your Blackboard SLO Assessment folder here.

C. Identify and describe the processes and procedures that the program/services area uses to assess and measure outcomes. List the best ways to measure the quality and success of your program. If a student or staff questionnaire has been developed, validated by institutional researcher, and administered, please report results. Use the following as suggestions:

* Satisfaction (students, staff, and community)
* Success
* Participation
* Retention
* Demographics (age, gender, ethnicity)
* Additional data (assess program/services to the standards for the area)

(copy and paste tables here)

D. Give a brief overview of the course assessments completed during the last five years, highlighting any results and action plans that have been particularly helpful in improving student learning and your program. Provide all Course SLO Assessment Report Forms for your program in appendix A.

E. Give an overview of the program/degree/certificate assessments completed during the last five years, highlighting any results and action plans that have been particularly helpful in improving student learning and your program. Provide all Instructional Program/Degree/Certificate SLO Assessment Report Forms for your program in appendix B.

F. Based on your assessments, have you identified additional resources needed to support the improvement of student learning or remedy any gaps you have found within your program (ie. staff development/training, equipment, technology, guest speaker, etc.)? Be sure to include these in your goals with appropriate page number references.

|  |  |
| --- | --- |
| Assessment Type | Total number of courses using this assessment type |
| Item analysis of exams, etc. |  |
| Assignments based on rubrics |  |
| Assignments based on checklists |  |
| Direct observation of performances |  |
| Student self-assessments |  |
| CAT (clickers, mediated responses) |  |
| Capstone projects or final summative assessments |  |
| Other |  |

|  |  |
| --- | --- |
| Action Plan | Total number of courses using this action plan |
| Results are positive--no changes |  |
| Conduct further assessment |  |
| Use new or revised teaching methods |  |
| Develop new methods of evaluating student work |  |
| Plan purchase of new equipment or supplies |  |
| Make changes in staffing plan |  |
| Engage in professional development about best practices |  |
| Revise the course sequence or prerequisite |  |
| Revise the course syllabus or outline |  |
| Unable to determine |  |
| Other |  |

**IV. Qualitative Analysis**

Please note that these data should be integrated with the quantitative analysis, and SLO assessment to help support your Summary Statements and Goals. You must reference all campus sites, where appropriate.

A. Describe future trends or current best practices in teaching and learning unique to your area which are likely to influence your discipline. How will students be affected by these trends?

* Political (local ordinances, state or federal legislation, Title 5, Ed Code)
* Economic (Labor Market Data, District Fact Book, Advisory Committees)
* Sociological (migrant population, single parents, aging population trends)
* Technological (access, security, ethics)
* Educational (High School Graduation Rates, competition from other public and private postsecondary institutions, online education)

B. Describe and include rationale for any curriculum changes anticipated in the next 5 years. (If not applicable leave blank)

* Major course revisions
* Course deletions
* New courses
* Revised or new options within a program
* Proposed new programs
* Distance education/hybrid courses
* Enrollment trends
* Articulation changes
* Provide justification for programs consisting of 30 units or more in the major. (Reference quantitative data relative to degrees and certificates awarded)

Click here to enter text.

C. Discuss how your program meets the needs of the College’s diverse student:

C1. High-quality instruction of varying delivery modes and teaching methodologies. Provide examples.

C2. Discuss course offerings, (ie. times, location, delivery, etc.), identifying any needs that are not met. Provide examples.

C3. Appropriate breadth, rigor, sequencing, and completion time. Provide examples.

D. Describe what your program has done to create links with support services or other instructional programs, if any.

E. Describe any community or other institution partnerships or collaboration of which your program has had a part.

F. Describe how your program provides equitable access to all of its students by providing appropriate, comprehensive, and reliable services to students regardless of service location or delivery method.

G. As applicable, describe the ways in which your program assures the security, maintenance, and reliability of services provided either directly or through contractual arrangement. Describe how your program evaluates these services to ensure their effectiveness.

**V. Summary Statement**

A. Describe the major conclusions reached based on this report’s quantitative and qualitative analyses and evaluation of the assessment of student learning outcomes.

B. Based on the conclusions above, complete the table below. Use these goals to inform annual budget worksheet. Add rows as needed.

0=State mandated and required by accreditation, licensing or regulatory requirement

1=Essential to the operation of the program or health and safety

2=Important, but not essential or required

3=Expand or enhance program (wish list)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Curriculum/Pedagogical Goals | Page number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP GoalLink |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Facility Goals | Page number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP GoalLink |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Assessment Goals | Page number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP GoalLink |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supply Goals | Page number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP GoalLink |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Technology Goals | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Staffing Goals(grow or maintain staffing—this section may be copied and pasted into the Faculty Prioritization Request) | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Distance Education Goals(curricular or student services) | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Scheduling Goals(FTES/SQ.FT. data needed for reports) | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Additional Goals | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
|  |  |  |  |  |  |

\*As supported primarily by the report’s quantitative and qualitative analyses and evaluation of the assessment of student learning outcomes

**Note: Summary Statements are needed for each campus, if applicable.**

**ONE-TIME, NON-RENEWABLE GRANT FUNDED PROGRAMS, PROGRAM REVIEW REPORT**

If this program wishes to be institutionalized in full or on part, this report should be submitted to the Program Review Committee at least two years prior to the conclusion of the grant.

1. **General Information**

1A. Grant Title and Dates of Duration:

1B. Describe how this grant supports the College Mission Statement. Give a few specific examples.

1C. Describe how your grant supports the College Strategic Plan. Give a few specific examples in the following chart. Actions and results are to be updated annually as a part of the Program Review Annual Report due each May 1.

|  |
| --- |
| **Proposed Implementation Grant Name: Program Review Year:**  |
| **Strategic Direction: (insert # here)** **(insert topic here )**  | Goal Statement: (insert Goal here) |
| Objective (insert objective number here) (insert objective here)  |
| SPECIFICActivity/Project Manner in which activity supports objective | MEASURABLEQualitative Data Baseline MeasuresQuantitative Data | ACTIONHow will you implement this activity/project?  | RESULTFOCUSED | TIMELINE |
|  |  |  | ☐ |  |

1D. Provide a summary of the grant’s goals, including demographics and scope. What need was it set to fulfill?

1E. Provide a summary of what the grant has provided to students and the College.

1F. If there is a discrepancy between 1D and 1E, explain here.

1G. Describe how your program provides equitable access to all of its students by providing appropriate, comprehensive, and reliable services to students regardless of service location or delivery method.

1H. Explain how your program has met the needs of the College’s diverse student population.

1I. Provide the plan for institutionalization, including equipment, supply, and human resources needed to meet the objectives of the grant.

1J. Identify best practices, including how these best practices could be expanded to other locations in the College/District.

1. **Quantitative, Qualitative, and SLO Assessment Analysis**

In answering the questions below, reference all campus sites as appropriate.

1A. Summary of quantitative analysis conducted over the course of the grant.

2B. Summary of qualitative trends analysis. Describe future trends or current best practices in teaching and learning unique to your area which are likely to influence your discipline. How will students be affected by these trends? Describe and include rationale for any curriculum changes anticipated in the next 5 years:

2C. Summary of the program’s progress towards stated goals, including identification of additional resources needed to support the improvement of student learning or remedy any gaps you have found within your program:

2D. Complete the following Assessment Timeline indicating which year course, program, degree, and certificate outcomes will be completed. Each course must be assessed at least once during this timeframe. The program may conduct as many assessments of a single course, program, degree, or certificate as is meaningful.

|  |
| --- |
| **Assessment Timeline** |
| Year | Goals to be assessed | Person responsible for heading assessment and completing Reporting Form |
| Year 120\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 220\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 320\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 420\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 520\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |

**III. Summary Statement and Goals**

3A. Describe the major conclusions reached based on the information provided above.

3B. Based on the conclusions above, complete the table below. Add rows as needed.

0=State mandated and required by accreditation, licensing or regulatory requirement

1=Essential to the operation of the program or health and safety

2=Important, but not essential or required

3=Expand or enhance program (wish list)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Curriculum/Pedagogical Goals | Page number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP GoalLink |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Facility Goals | Page number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP GoalLink |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Assessment Goals | Page number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP GoalLink |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supply Goals | Page number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP GoalLink |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Technology Goals | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
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| --- | --- | --- | --- | --- | --- |
| Staffing Goals(grow or maintain staffing—this section may be copied and pasted into the Faculty Prioritization Request) | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Distance Education Goals(curricular or student services) | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Scheduling Goals(FTES/SQ.FT. data needed for reports) | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
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| --- | --- | --- | --- | --- | --- |
| Additional Goals | Page Number(s) where supported | Priority (0-3) | Estimated cost/resources needed | Proposed timeline | SP Goal Link |
|  |  |  |  |  |  |

\*As supported primarily by the report’s quantitative and qualitative analyses and evaluation of the assessment of student learning outcomes

**Note: Summary Statements are needed for each campus, if applicable.**

Student Learning Outcome Assessment Timeline

Complete the following chart indicating which year course, program, degree, and certificate outcomes will be completed. Each course must be assessed at least once during this timeframe. The program may conduct as many assessments of a single course, program, degree, or certificate as is meaningful.

|  |  |  |
| --- | --- | --- |
| Year | Courses, Program, Degree, and/or Certificate to be assessed | Person responsible for heading assessment and completing Reporting Form |
| Year 120\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 220\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 320\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 420\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 520\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |

Curriculum Revision Timeline

This Curriculum Revision Timeline will be tracked by the Curriculum Chair. Add/delete rows as needed.

|  |  |  |
| --- | --- | --- |
| **Course** | **Semester revision to be submitted** | **Person responsible for revision** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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### Cycle four Schedule

**Group IA**

Begin process in fall, 2014 – Final report/presentation due fall, 2015

Agriculture Business Animal Science

Forestry/Natural Resources ~~International Program~~

~~General Agriculture~~ ~~GIS~~

Mechanized Agriculture Plant Science

**Group IIA**

Begin process in fall, 2015 – Final report/presentation due fall, 2016

 Accounting Business Administration Information Systems Office Technology

 Statistics Economics

 Office of Student Services Office of the President

 Middle High School

Project Grants:

 Student Success

Student Support Services

 Title V

**Group IIIA**

Begin process in fall, 2016 – Final report/presentation due fall, 2017

 Criminology History

Philosophy Political Science

 Psychology Sociology

**Group IVA**

Begin process in fall, 2017 – Final report/presentation due fall, 2018

 Composition Communication

 Creative Writing Film

 Journalism Literature Writing Center LC (MCCC)

**Group VA**

Begin process in fall, 2018– Final report/presentation due fall, 2019

 Biology Chemistry

 Child Development Computer Science

 Engineering Geography Math Math Center Physics

**Group IB**

Begin process spring, 2015 – Final report/presentation due spring, 2016

DSP&S EOP&S

Aeronautics Manufacturing Technology

Automotive Maintenance Mechanic (MCCC)

**Group IIB**

Begin process spring, 2016 – Final report/presentation due spring, 2017

Counseling Health Services

 Student Support Services Outreach & Matriculation

**Group IIIB**

Begin process spring, 2017– Final report/presentation due spring, 2018

Admissions & Records Residence Halls

Library Services Art

Music

**Group IVB**

Begin process spring, 2018 – Final report/presentation due spring, 2019

Student Activities Financial Aid

Tutorial Honors Program

ESL Reading Linguistics Languages (French, German, Spanish, ASL)

**Group VB**

Begin process spring, 2014/2019 – Final report/presentation due spring, 2015/2020

Dental Assisting Licensed Vocational Nursing (MCCC)

Food and Nutrition Health Care Interpreter

Health Science Nursing Assistant Training

Physical Education CalWORKS

Athletics Upward Bound

**Group IC**

Begin process in spring, 2017 – Final report/presentation, spring 2018

Business Administrative Office Business Services Office

Building Services Food Services

 Printing Services

**Group IIC**

Begin process in spring, 2018 – Final report/presentation, spring 2019

Administrative Services Office Office of Instruction

Computer Services

### Appendix A: Insert All Course Assessment Reporting Forms Here.

### Appendix B: Insert All Program/Degree/Certificate Assessment Reporting Forms Here

### Course SLO Assessment Report Form

Please complete one form for each course.

1) Date: Click here to enter text.

2) Course Name and Number: Click here to enter text.

3) Assessed Course SLO(s): Click here to enter text.

4) Which institutional outcome(s) are central to your program?

Communication Skills

☐ Interpret various types of written, visual, and verbal information.

☐ Organize ideas and communicate precisely and clearly to express complex thoughts both orally and in writing.

Critical Thinking and Information Literacy

☐ Analyze quantitative information and apply scientific methodologies.

☐ Employ critical and creative modes of inquiry to solve problems, explore alternatives, and make decisions.

☐ Synthesize researched information obtained from accurate, credible, and relevant sources to support, advance, or rebut an opinion.

Global and Community Literacy

☐ Analyze the fine arts, humanities, and social sciences from cultural, historic, and aesthetic perspectives.

☐ Apply historical and contemporary issues and events to civic and social responsibility.

☐ Demonstrate sensitive and respectful treatment of a variety of ethnic, religious, and socioeconomic backgrounds.

Personal Development

☐ Assess current knowledge, skills, and abilities to further develop them and apply them to new situations.

☐ Incorporate physical and emotional principles to make healthy lifestyle choices.

☐ Make ethical personal and professional choices.

4) Assessment Assignments and/or Instruments:

A. ☐ Item analysis of exams, quizzes, problem sets, etc. (items linked to specific

outcomes)

B. ☐ Assignments based on rubrics (essays/reports, projects, performances, presentations, etc.)

C. ☐ Assignments based on checklists

D. ☐ Direct observation of performances, structured practice or drills, “practical” exams, small group work, etc.

E. ☐ Student self-assessments (e.g. reflective journals, surveys)

F. ☐ Classroom Assessment Techniques (CATS, “clicker” mediated responses, etc.)

G. ☐ Capstone projects or final summative assessment (final exams, capstone projects, portfolios, etc.)

H. ☐ Other (please describe): Click here to enter text.

5) Please insert any instruments used for assessment (rubrics, checklists, surveys, etc.) or include a hyperlink to such documents here.

Click here to enter text.

6) What is your expected level of achievement for measuring success?

Click here to enter text.

7) Assessment Results:

What did members of your program learn from the assessment of the outcome? Did the assessment work, and if not, what needs to be revised?

A. ☐ Results are positive

B. ☐ Results are not positive

Explain what was learned/results here:

Click here to enter text.

8) Action Plan:

Based on the assessment results, what changes are planned to increase student success? When will they be implemented? Please check any appropriate boxes and provide a brief description with a timeline for changes.

Click here to enter text.

A. ☐ Conduct further assessment related to the issue and outcome

B. ☐ Use new or revised teaching methods (e.g., more use of group work, new lecture, etc.)

C. ☐ Develop new methods of evaluating student work

D. ☐ Plan purchase of new equipment or supplies needed for modified student activities

E. ☐ Make changes in staffing plans (e.g., modified job descriptions, requests for new positions, etc.)

F. ☐ Engage in professional development about best practices for this type of class/activity

G. ☐ Revise the course sequence or prerequisites

H. ☐ Revise the course syllabus or outline (e.g., change in course topics)

I. ☐ Unable to determine what should be done

J. ☐ Other: Click here to enter text.

Provide a brief description with a timeline for changes:

Click here to enter text.

9) The dialogue that occurred while planning assessments, evaluating data results, and determining action plans took place

A. ☐ with others in my program during department/division meetings

B. ☐ during on-campus workshops, duty day, flex, etc.

C. ☐ over email

D. ☐ with colleagues from other campuses

E. ☐ with my dean and/or colleagues in my division

F. ☐ other: Click here to enter text.

G. ☐ No dialogue occurred. Reason no dialogue occurred (i.e. “Dialogue was difficult due to the large number of adjuncts in this program” etc.): Click here to enter text.

Instructional Program/Degree/Certificate SLO Assessment Report Form

Please complete one form for each assessed program/degree/certificate.

1) Date: Click here to enter text.

2) Instructional Program: Click here to enter text.

3) Assessed SLO(s): Click here to enter text.

4) Which institutional outcome(s) are central to your program?

Communication Skills

☐ Interpret various types of written, visual, and verbal information.

☐ Organize ideas and communicate precisely and clearly to express complex thoughts both orally and in writing.

Critical Thinking and Information Literacy

☐ Analyze quantitative information and apply scientific methodologies.

☐ Employ critical and creative modes of inquiry to solve problems, explore alternatives, and make decisions.

☐ Synthesize researched information obtained from accurate, credible, and relevant sources to support, advance, or rebut an opinion.

Global and Community Literacy

☐ Analyze the fine arts, humanities, and social sciences from cultural, historic, and aesthetic perspectives.

☐ Apply historical and contemporary issues and events to civic and social responsibility.

☐ Demonstrate sensitive and respectful treatment of a variety of ethnic, religious, and socioeconomic backgrounds.

Personal Development

☐ Assess current knowledge, skills, and abilities to further develop them and apply them to new situations.

☐ Incorporate physical and emotional principles to make healthy lifestyle choices.

☐ Make ethical personal and professional choices.

4) Assessment Assignments and/ or Instruments:

 Which were used to assess the SLO(s)?

A. ☐ Item analysis of exams, quizzes, problem sets, etc. (items linked to specific outcomes)

B. ☐ Assignments based on rubrics (essays/reports, projects, performances, presentations, etc.)

C. ☐ Assignments based on checklists

D. ☐ Direct observation of performances, structured practice or drills, “practical” exams, small group work, etc.

E. ☐ Student self-assessments (e.g. reflective journals, surveys)

F. ☐ Classroom Assessment Techniques (CATS, “clicker” mediated responses, etc.)

G. ☐ Capstone projects or final summative assessment (final exams, capstone projects, portfolios, etc.)

H. ☐ Internal/External Data

I. ☐ Other (please describe): Click here to enter text.

5) Please insert any instruments used for assessment (rubrics, checklists, surveys, etc.) or include a hyperlink to such documents here.

Click here to enter text.

6) What is your expected level of achievement for measuring success?

Click here to enter text.

7) Assessment Results:

What did members of your program learn from the assessment of the outcome? Did the assessment work, and if not, what needs to be revised?

A. ☐ Results are positive

B. ☐ Results are not positive

Explain what was learned/results here:

Click here to enter text.

8) Action Plan:

Based on the assessment results, what changes are planned to increase student success? When will they be implemented? Please check any appropriate boxes and provide a brief description with a timeline for changes.

Click here to enter text.

A. ☐ Conduct further assessment related to the issue and outcome

B. ☐ Use new or revised teaching methods (e.g., more use of group work, new lecture, etc.)

C. ☐ Develop new methods of evaluating student work

D. ☐ Plan purchase of new equipment or supplies needed for modified student activities

E. ☐ Make changes in staffing plans (e.g., modified job descriptions, requests for new positions, etc.)

F. ☐ Engage in professional development about best practices for this type of class/activity

G. ☐ Revise the course sequence or prerequisites

H. ☐ Revise the course syllabus or outline (e.g., change in course topics)

I. ☐ Unable to determine what should be done

J. ☐ Other: Click here to enter text.

Provide a brief description with a timeline for changes:

Click here to enter text.

9) The dialogue that occurred while planning assessments, evaluating data results, and determining action plans took place

A. ☐ with others in my program during department/division meetings

B. ☐ during on-campus workshops, duty day, flex, etc.

C. ☐ over email

D. ☐ with colleagues from other campuses

E. ☐ with my dean and/or colleagues in my division

F. ☐ other: Click here to enter text.

G. ☐ No dialogue occurred. Reason no dialogue occurred (i.e. “Dialogue was difficult due to the large number of adjuncts in this program” etc.): Click here to enter text.

Non-Instruction Program SLO Assessment Report Form

Please complete one form for each assessed program.

1) Date: Click here to enter text.

2) Program: Click here to enter text.

3) Assessed Program SLO(s): Click here to enter text.

4) Which institutional outcome(s) are central to your program?

Communication Skills

☐ Interpret various types of written, visual, and verbal information.

☐ Organize ideas and communicate precisely and clearly to express complex thoughts both orally and in writing.

Critical Thinking and Information Literacy

☐ Analyze quantitative information and apply scientific methodologies.

☐ Employ critical and creative modes of inquiry to solve problems, explore alternatives, and make decisions.

☐ Synthesize researched information obtained from accurate, credible, and relevant sources to support, advance, or rebut an opinion.

Global and Community Literacy

☐ Analyze the fine arts, humanities, and social sciences from cultural, historic, and aesthetic perspectives.

☐ Apply historical and contemporary issues and events to civic and social responsibility.

☐ Demonstrate sensitive and respectful treatment of a variety of ethnic, religious, and socioeconomic backgrounds.

Personal Development

☐ Assess current knowledge, skills, and abilities to further develop them and apply them to new situations.

☐ Incorporate physical and emotional principles to make healthy lifestyle choices.

☐ Make ethical personal and professional choices.

4) Assessment Assignments and/ or Instruments:

 Which were used to assess the SLO(s)?

A. ☐ Direct observation of performances, structured practice or drills, “practical” exams, small group work, etc.

B. ☐ Self-assessments (e.g. reflective journals, surveys)

C. ☐ Internal/External Data

D. ☐ Other (please describe): Click here to enter text.

5) Please insert any instruments used for assessment (rubrics, checklists, surveys, etc.) or include a hyperlink to such documents here.

Click here to enter text.

6) What is your expected level of achievement for measuring success?

Click here to enter text.

7) Assessment Results:

What did members of your program learn from the assessment of the outcome? Did the assessment work, and if not, what needs to be revised?

A. ☐ Results are positive

B. ☐ Results are not positive

Explain what was learned/results here:

Click here to enter text.

8) Action Plan:

Based on the assessment results, what changes are planned to increase student success? When will they be implemented? Please check any appropriate boxes and provide a brief description with a timeline for changes.

A. ☐ Conduct further assessment related to the issue and outcome

B. ☐ Use new or revised resources or services (e.g., mode of communication, additional workshops, etc.)

C. ☐ Develop new methods of evaluating student learning

D. ☐ Plan purchase of new equipment or supplies needed for modified student activities

E. ☐ Make changes in staffing plans (e.g., modified job descriptions, requests for new positions, etc.)

F. ☐ Engage in professional development about best practices for this type of activity

G. ☐ Unable to determine what should be done

H. ☐ Other: Click here to enter text.

Provide a brief description with a timeline for changes:

Click here to enter text.

10) The dialogue that occurred while planning assessments, evaluating data results, and determining action plans took place

A. ☐ with others in my program during department meetings

B. ☐ during on-campus workshops, duty day, flex, etc.

C. ☐ over email

D. ☐ with colleagues from other campuses

E. ☐ with my manager

F. ☐ other: Click here to enter text.

G. ☐ No dialogue occurred. Reason no dialogue occurred (i.e. “Dialogue was difficult due to the large number of part-time employees in this program” etc.):

### Dean/Manager Program Review Sign-Off

 After reading the program review report, please complete the following and send electronically, along with the report draft/final document, to the Program Review Chair. Thank you.

I have read the attached Program Report draft/final report from the Click here to enter text. Program. The following sections are completed as required or are still in need of attention.

|  |  |  |
| --- | --- | --- |
| Program Review Section | Complete | Incomplete |
| General information, including staffing summary | ☐ | ☐ |
| Mission, Strategic Plan, and Ed Master Plan support | ☐ | ☐ |
| Previous goal status/outcome | ☐ | ☐ |
| Quantitative analysis in support of goals | ☐ | ☐ |
| Funding/budget summary | ☐ | ☐ |
| SLO summary/reports, including mapping, assessment results, gaps, and action plans | ☐ | ☐ |
| Qualitative analysis, including future trends, curriculum changes, teaching methodologies, collaborations  | ☐ | ☐ |
| Goals | ☐ | ☐ |
| SLO timeline | ☐ | ☐ |
| Curriculum Revision timeline | ☐ | ☐ |

Comments: Click here to enter text.

Dean/ Manager’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Reedley College Program Review Rubric

|  |  |  |  |
| --- | --- | --- | --- |
| Program Review Section | Does Not Meet | Meets | Exceeds |
| General information, including staffing summary | One or more sections are incomplete | All sections are complete and accurate | All sections are complete and accurate with analysis which support’s program’s goals |
| Mission, Strategic Plan, and Ed Master Plan support | One or more sections are incomplete | All sections are complete and exhibit support | All sections are complete, supportive with analysis which supports program’s goals |
| Previous goal status/outcome | Incomplete | Completed | Completed with some degree of depth |
| Quantitative analysis in support of goals | Sections are incomplete or poorly executed | Sections are complete and data analyzed | Analysis of data supports the program’s goals |
| Funding/budget summary | Incomplete | Completed | Completed with some degree of depth |
| SLO summary/reports, including mapping, assessment results, gaps, and action plans | Reports for courses, program, and/or certificates are incomplete or poorly executed. Mapping, results, gaps, and/or action plans are not addressed or poorly executed. | Program completed all sections, including mapping and reports. Program analyzes assessment results and creates action plans with at least some degree of critical thought. | Program completed all sections, including mapping and reports. Program analyzes assessment results and creates action plans which support program’s goals |
| Qualitative analysis, including future trends, curriculum changes, teaching methodologies, collaborations  | Sections are incomplete or poorly executed. | Program completed all sections with at least some degree of critical thought. | Program analyses sections in support of program’s goals. |
| Goals | Incomplete, including no page numbers | Complete, including page numbers | Complete, including page numbers  |
| SLO timeline | Incomplete | Complete | Complete |
| Curriculum Revision timeline | Incomplete | Complete | Complete |

### Program Review Committee Response To Programs’ Drafts

Program: Click here to enter text.

Date: Click here to enter text.

Thank you for submitting your program’s program review report draft. The Program Review Committee has read your program’s report draft and offers the following suggestions/comments as you revise your final report.

|  |  |  |  |
| --- | --- | --- | --- |
| Program Review Section | Does Not Meet | Meets | Exceeds |
| General information, including staffing summary |  |  |  |
| Mission, Strategic Plan, and Ed Master Plan support |  |  |  |
| Previous goal status/outcome |  |  |  |
| Quantitative analysis in support of goals |  |  |  |
| Funding/budget summary |  |  |  |
| SLO summary/reports, including mapping, assessment results, gaps, and action plans |  |  |  |
| Qualitative analysis, including future trends, curriculum changes, teaching methodologies, collaborations  |  |  |  |
| Goals |  |  |  |
| SLO timeline |  |  |  |
| Curriculum Revision timeline |  |  |  |

**(OVER)**

### Committee Comments

|  |  |
| --- | --- |
| Program Review Section | Comments |
| General information, including staffing summary | Click here to enter text. |
| Mission, Strategic Plan, and Ed Master Plan support | Click here to enter text. |
| Previous goal status/outcome | Click here to enter text. |
| Quantitative analysis in support of goals | Click here to enter text. |
| Funding/budget summary | Click here to enter text. |
| SLO summary/reports, including mapping, assessment results, gaps, and action plans | Click here to enter text. |
| Qualitative analysis, including future trends, curriculum changes, teaching methodologies, collaborations | Click here to enter text. |
| Goals | Click here to enter text. |
| SLO timeline | Click here to enter text. |
| Curriculum Revision timeline | Click here to enter text. |

Your oral presentation will take place on: Click here to enter text.

Please contact the Program Review Chair with questions. Thank you for your participation in this important process.

### Program Review Substantiation Scoring Sheet

To be completed by the Program Review Committee members

Program: Click here to enter text.

|  |  |
| --- | --- |
|   |  |
| **Rating Scale** | **1** **Unsubstantiated within the report** | **2** **Minimally substantiated within the report** | **3****Substantiated within the report** | **4** **Well substantiated within the report** |  |
| **Goal** | **1** | **2** | **3** | **4** | **Comments** |  |
| Click here to enter text. | ☐ | ☐ | ☐ | ☐ | Click here to enter text. |  |
| Click here to enter text. | ☐ | ☐ | ☐ | ☐ | Click here to enter text. |  |
| Click here to enter text. | ☐ | ☐ | ☐ | ☐ | Click here to enter text. |  |
| Click here to enter text. | ☐ | ☐ | ☐ | ☐ | Click here to enter text. |  |
| Click here to enter text. | ☐ | ☐ | ☐ | ☐ | Click here to enter text. |  |
| Click here to enter text. | ☐ | ☐ | ☐ | ☐ | Click here to enter text. |  |
| Click here to enter text. | ☐ | ☐ | ☐ | ☐ | Click here to enter text. |  |
| **General Comments** |  |
|  Click here to enter text. |  |

### Strategic Plan Annual Report

Due each May 1

|  |
| --- |
| **Program/Department Name: Year \_\_ of 5:**  |
| SPECIFICActivity/Project Completed in this year | MEASURABLESuccess Measures | ACTIONHow was this project implemented?  | RESULTFOCUSED | TIMELINE |
|  |  |  | ☐ |  |
|  |  |  | ☐ |  |

**PROGRAM REVIEW ANNUAL ACTION PLAN**

**DUE EACH SEPTEMBER 1**

(to be turned in with annual budget requests and prior to staffing prioritization request)

**PROGRAM:**

**DATE:**

0=State mandated and required by accreditation, licensing or regulatory requirement

1=Essential to the operation of the program or health and safety

2=Important, but not essential or required

3=Expand or enhance program (wish list)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Substantiated Curriculum/Pedagogical Goals | Priority (0-3) | Activities to complete | Estimated cost/resources needed | Proposed timeline | SP Link |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Substantiated Facility Goals | Priority (0-3) | Activities to complete | Estimated cost/resources needed | Proposed timeline | SP Link |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Substantiated Assessment Goals | Priority (0-3) | Activities to complete | Estimated cost/resources needed | Proposed timeline | SP Link |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Substantiated Supply Goals | Priority (0-3) | Activities to complete | Estimated cost/resources needed | Proposed timeline | SP Link |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Substantiated Technology Goals | Priority (0-3) | Activities to complete | Estimated cost/resources needed | Proposed timeline | SP Link |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Substantiated Staffing Goals(grow or maintain staffing—this section may be copied and pasted into the Faculty Prioritization Request) | Priority (0-3) | Activities to complete | Estimated cost/resources needed | Proposed timeline | SP Link |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Substantiated Distance Education Goals(curricular or student services) | Priority (0-3) | Activities to complete | Estimated cost/resources needed | Proposed timeline | SP Link |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Substantiated Scheduling Goals(FTES/SQ.FT. data needed for reports) | Priority (0-3) | Activities to complete | Estimated cost/resources needed | Proposed timeline | SP Link |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Substantiated Additional Goals | Priority (0-3) | Activities to complete | Estimated cost/resources needed | Proposed timeline | SP Link |
|  |  |  |  |  |  |

### Program Review Annual Progress Report

Due each May 1

**PROGRAM:**

**DATE:**

0=State mandated and required by accreditation, licensing or regulatory requirement

1=Essential to the operation of the program or health and safety

2=Important, but not essential or required

3=Expand or enhance program (wish list)

|  |  |  |  |
| --- | --- | --- | --- |
| Substantiated Curriculum/Pedagogical Goals | Priority (0-3) | Status☐ Completed☐ Not completedExplain | Links to which Strategic Plan goal? |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Substantiated Facility Goals | Priority (0-3) | Status☐ Completed☐ Not completedExplain | Links to which Strategic Plan goal? |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Substantiated Assessment Goals | Priority (0-3) | Status☐ Completed☐ Not completedExplain | Links to which Strategic Plan goal? |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Substantiated Supply Goals | Priority (0-3) | Status☐ Completed☐ Not completedExplain | Links to which Strategic Plan goal? |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Substantiated Technology Goals | Priority (0-3) | Status☐ Completed☐ Not completedExplain | Links to which Strategic Plan goal? |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Substantiated Staffing Goals(grow or maintain staffing—this section may be copied and pasted into the Faculty Prioritization Request) | Priority (0-3) | Status☐ Completed☐ Not completedExplain | Links to which Strategic Plan goal? |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Substantiated Distance Education Goals(curricular or student services) | Priority (0-3) | Status☐ Completed☐ Not completedExplain | Links to which Strategic Plan goal? |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Substantiated Scheduling Goals(FTES/SQ.FT. data needed for reports) | Priority (0-3) | Status☐ Completed☐ Not completedExplain | Links to which Strategic Plan goal? |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Substantiated Additional Goals | Priority (0-3) | Status☐ Completed☐ Not completedExplain | Links to which Strategic Plan goal? |
|  |  |  |  |

**Additional Information:**

1. Provide any additional changes made to the program that were not a part of your program review report.

Click here to enter text.

2. List in detail any new program needs and a brief rational for this need.

Click here to enter text.

3. Summarize the progress your program has made this year on SLO assessment.

Click here to enter text.

4. Provide any additional information that your program would like to share.