

# SIGNATURE PROGRAM REFERENCE GUIDE

## ~DRAFT~

### Signature Page

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Signature of discipline faculty submitting report \*\*\*

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Date of Submission

\*\*\* The signature of discipline faculty submitting report constitute acknowledgement of the application only.

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Signature of Department Chair \*\*\*

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Date of Submission

\*\*\* The signature the Department Chair submitting report constitute acknowledgement of the application only.

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Signature of Division Dean \*\*\*

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Date of Submission

\*\*\* The signature of the Division Dean submitting report constitute acknowledgement of the application only.

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Signature of Program Review Representative \*\*\*

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Date of Submission

\*\*\* The signature of the the Program Review Representative submitting report constitute acknowledgement of the application only.

**NAME OF PROGRAM:**

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*[Items I through VII to be completed by Self-Study Committee]*

- I. Please provide a brief overview of your program.**
- II. Describe the occupations served by your program.**
- III. Describe how the program meets the mission of the college.**
- IV. Describe how the program aligns with the strategic plan of the campus and SCCCD.**
- V. Describe the strengths and weaknesses of your programs as a result of assessment results of your Program Learning Outcomes.**

**VI. QUALITATIVE MEASURES**

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

**VII. QUANTITATIVE MEASURES**

**1.) WSCH/FTEF and FTES/FTEF Data.**

**Please address the trends in WSCH/FTES and FTES/FTEF. Please explain any adverse trends.**

WSCH/FTEF:

Fall \_\_\_\_\_ : \_\_\_\_\_  
Fall \_\_\_\_\_ : \_\_\_\_\_  
Fall \_\_\_\_\_ : \_\_\_\_\_

Spring \_\_\_\_\_ : \_\_\_\_\_  
Spring \_\_\_\_\_ : \_\_\_\_\_  
Spring \_\_\_\_\_ : \_\_\_\_\_

FTES/FTEF:

Fall: \_\_\_\_\_

Spring: \_\_\_\_\_

Fall: \_\_\_\_\_

Spring: \_\_\_\_\_

Fall: \_\_\_\_\_

Spring: \_\_\_\_\_

College-wide CTE Program mean:

Program mean:

**2.) Full-time/Part-time faculty ratio.**

By Headcount\*:

Fall \_\_\_\_\_ : \_\_\_\_\_

By LHEs:

Fall \_\_\_\_\_ : \_\_\_\_\_

*\*This is an actual person count - not available on website.*

**Address the trends in full-time / part-time faculty ratio. Please explain any adverse trends.**

**3.) Enrollment for the past three years:**

Fall \_\_\_\_\_ : \_\_\_\_\_  
Fall \_\_\_\_\_ : \_\_\_\_\_  
Fall \_\_\_\_\_ : \_\_\_\_\_

Spring \_\_\_\_\_ : \_\_\_\_\_  
Spring \_\_\_\_\_ : \_\_\_\_\_  
Spring \_\_\_\_\_ : \_\_\_\_\_

**Address the trends in enrollment. Please explain any adverse trends.**

**4.) Degrees awarded (if applicable) for the past three years:**

Fall _____ :	_____	Spring _____ :	_____
Fall _____ :	_____	Spring _____ :	_____
Fall _____ :	_____	Spring _____ :	_____

**Address the trends in number of degrees awarded. Please explain any adverse trends.**

**5.) Certificates of Achievement awarded for the past three years:**

Fall _____ :	_____	Spring _____ :	_____
Fall _____ :	_____	Spring _____ :	_____
Fall _____ :	_____	Spring _____ :	_____

**Address the trends in number of certificates of achievement awarded. Please explain any adverse trends.**

**6.) Certificates of Completion within program awarded for the past three years:**

Fall _____ :	_____	Spring _____ :	_____
Fall _____ :	_____	Spring _____ :	_____
Fall _____ :	_____	Spring _____ :	_____

**Address the trends in number of certificates of completion awarded. Please explain any adverse trends.**

**7.) Local (low unit) Certificates within program awarded for the past three years:**

Fall _____ :	_____	Spring _____ :	_____
Fall _____ :	_____	Spring _____ :	_____
Fall _____ :	_____	Spring _____ :	_____

**Address the trends in number of local (low unit) certificates awarded. Please explain any adverse trends.**

**8.) Retention rates within the program:**

Fall _____ :	_____	Spring _____ :	_____
Fall _____ :	_____	Spring _____ :	_____
Fall _____ :	_____	Spring _____ :	_____

**Address the trends in retention rates. Please explain any adverse trends.**

**9.) Other statistical data. Address how statistical data are relevant. Please explain any adverse trends.**

**10.) What is the demand for the program (Standard Operating Code) – State and Regional?**

- a. **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).**

**VIII. Recommendation of Program Review Committee**

- \_\_\_\_\_ Award Signature status
- \_\_\_\_\_ Continue Signature status
- \_\_\_\_\_ Discontinue Signature status

**IX. Signatures**

\_\_\_\_\_  
Program Review Committee Chair      \_\_\_\_\_ Date      \_\_\_\_\_ Curriculum Chair      \_\_\_\_\_ Date

\_\_\_\_\_  
Vice President of Instruction      \_\_\_\_\_ Date