

(Including Reedley, Madera, and Oakhurst Campuses)

Program Review Handbook

Cycle Three Revision

(Revised fall 2012; Approved by College Council spring 2013)

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### Reedley College Mission Statement

Commitment

Reedley College provides an accessible, student-centered educational environment featuring high-quality learning opportunities. We offer basic skills enhancement, associate degree programs, career technical education, and transfer-level courses as an integral component for life-long learning within a diverse local and global community.

Philosophy

At Reedley College, we believe that people’s lives are enriched in an atmosphere of intellectual curiosity, personal integrity, and individual accomplishment. The college furnishes experiences designed to promote critical thinking, enhance cultural literacy, and foster an awareness of the interdependence of all persons and their environment. Reedley College is committed to maintaining a highly qualified staff of educators and support personnel who reflect the diversity of our unique community. We embrace a flexible attitude toward change and encourage the spirit of innovation. The goal of the college is to develop each student’s full potential as well as respect for self and others. To this end, the college provides comprehensive curriculum offerings, lifelong learning opportunities, counseling, and educational services.

Vision

Reedley College strives to be a leading educational institution in California’s Central Valley.

Strategic Plan

The current Strategic Plan may be found at:

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

Educational Master Plan

The current Educational Master Plan may be found at:

<http://www.reedleycollege.edu/index.aspx?page=1224>

### 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 degree 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.

**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 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.

**Standard Data**

Includes the following data for 5-years (or 10 terms) for the overall college location and

instructional program: 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, and Awards

by Year and Location.

**Student Learning Outcomes (SLO); Program Learning Outcome (PLO); General Education Learning Outcomes (GELO)**

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. The GELO is the same as the College’s Institutional Learning Outcome (ILO).

**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. WSCH is the primary factor used in the

formula to calculate FTES.

### 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—MC appointed by the President | Two-year term |
| WI Program Review Chair | Two-year term |
| Faculty Rep. RC appointed by AS | Two-year term |
| Faculty Rep. MC 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

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
* 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

Meetings: 6th, 10th, and 16th Fridays of the semester, 2pm.

Quorum: 51 percent of membership.

### 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

By the end of the 6th Week

* Program Review Committee will meet to discuss submitted Program Reviews

By the end of the 7th Week

* Committee comments on Program Review Report will be forwarded to individual programs

By the end of the 10th week

* Oral Presentations of Program Review Reports

By the end of the 15th week

* Revised Program Review Reports will be submitted to Program Review Committee

By the end of the 16th week

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

By the end of the 18th week

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

**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 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)

Click here to enter text.

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

Click here to enter text.

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

C1. Current staffing (full-time and part-time faculty, staff, student aides, etc.);

Click here to enter text.

**Staffing 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 |
| Administrators |  |  |  |  |  |  |  |
| Full - Time Faculty |  |  |  |  |  |  |  |
| Adjunct Faculty |  |  |  |  |  |  |  |
| Classified |  |  |  |  |  |  |  |
| Students – XXO |  |  |  |  |  |  |  |
| Students – Fed. Work Study |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |

C2. listing of courses in the program area including transfer/degree applicable, degree applicable/non-transfer, non-degree applicable, and non-credit;

Click here to enter text.

C3. list of degrees and certificates;

Click here to enter text.

C4. brief facilities overview;

Click here to enter text.

C5. equipment requirements including ongoing maintenance requirements and costs;

Click here to enter text.

C6. supply requirements, if any.

Click here to enter text.

D. Mission, Strategic Plan, and Educational Master Plan

D1. Describe how your program supports the College Mission Statement. Give a few specific examples.

Click here to enter text.

D2. Describe how your program supports the College Strategic Plan. Give a few specific examples.

Click here to enter text.

D3. Describe how your program supports the College Educational Master Plan. Give a few specific examples.

Click here to enter text.

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 or delete rows as needed.

**Previous Program Recommendations**

| **Recommendation** | **Status** | **Outcome** |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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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.

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)

Click here to enter text.

B. If your program offers over 50%\* online courses, use the provided comparative data to analyze any major differences in online versus face to face for:

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

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

Click here to enter text.

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

Click here to enter text.

**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. An accreditation standard requires that the institution makes public expected learning outcomes. In what ways are the courses/program/degree/certificate outcomes made public?

Catalog Brochure Website

Articulation/Transfer Agreements Other:

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

Click here to enter text.

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.

Click here to enter text.

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.

Click here to enter text.

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.

Click here to enter text.

**IV. Qualitative Analysis**

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

A. Describe future trends unique to your area that 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)

Click here to enter text.

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, including:

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

Click here to enter text.

C2. Appropriate breadth, rigor, sequencing, and completion time.

Click here to enter text.

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.

Click here to enter text.

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

Click here to enter text.

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

Click here to enter text.

**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.

Click here to enter text.

B. Based on the conclusions above, complete the table below. List goals in priority order, including learning outcomes-related goals. Add/delete rows as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal(s)\***  (please provide the page number(s) where this goal is substantiated) | **Activities/Facilities/Curriculum/**  **Equipment Necessary to Accomplish Goals** | **Resources Needed, Include Estimate Costs** | **Proposed Timeline** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

\*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 1  20\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 2  20\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 3  20\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 4  20\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 5  20\_\_-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

Click here to enter text.

B. Mission and Strategic Plan

B1. Describe how your program supports the College/Centers Mission Statement. Give a few specific examples.

Click here to enter text.

B2. Describe how your program supports the College/Centers Strategic Plan. Give a few specific examples.

Click here to enter text.

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

C1. current staffing;

Click here to enter text.

**Staffing 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 |
| Administrators |  |  |  |  |  |  |  |
| Full - Time Faculty |  |  |  |  |  |  |  |
| Adjunct Faculty |  |  |  |  |  |  |  |
| Classified |  |  |  |  |  |  |  |
| Students – XXO |  |  |  |  |  |  |  |
| Students – Fed. Work Study |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |

C2. brief facilities overview;

Click here to enter text.

C3. equipment requirements including ongoing maintenance requirements and costs;

Click here to enter text.

C4. technology requirements;

Click here to enter text.

C5. supply requirements, if any

Click here to enter text.

D. 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 Recommendations

|  |  |  |
| --- | --- | --- |
| **Recommendation** | **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** |
|  |  |  |
|  |  |  |
|  |  |  |

**II. Quantitative Analysis**

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

Click here to enter text.

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)

Click here to enter text.

C. If your program offers online services, use the collected data to evaluate your online services in comparison to your face-to-face services.

Click here to enter text.

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

Click here to enter text.

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

Click here to enter text.

**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. An accreditation standard requires that the institution makes public expected learning outcomes. In what ways are the courses/program/degree/certificate outcomes made public?

Catalog Brochure

Website Other: Click here to enter text.

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

Click here to enter text.

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.

Click here to enter text.

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.

Click here to enter text.

**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.

A. Describe future trends 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)

Click here to enter text.

**V. Summary Statement**

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

Click here to enter text.

B. Based on the conclusions above, complete the table below. List goals in priority order, including learning outcomes-related goals.

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal(s)\***  (please provide the page number(s) where this goal is substantiated) | **Activities/Facilities/Curriculum/**  **Equipment Necessary to Accomplish Goals** | **Resources Needed, Include Estimate Costs** | **Proposed Timeline** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

\* 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.

**VI. Student Learning Outcome 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 1  20\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 2  20\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 3  20\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 4  20\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |
| Year 5  20\_\_-20\_\_ | Click here to enter text. | Click here to enter text. |

### Cycle Three Schedule

**Instructional Programs**

**Group I**

Begin process in fall, 2009 – Final report/presentation due fall, 2010

Aeronautics Agriculture Business

Animal Science Automotive

Environmental Horticulture Forestry/Natural Resources

General Agriculture Manufacturing Technology

Mechanized Agriculture Plant Science

SEED Program

**Group II**

Begin process in fall, 2010 – Final report/presentation due fall, 2011

Accounting Business Administration Information Systems Office Technology

Statistics Economics

**Group III**

Begin process in fall, 2011 – Final report/presentation due fall, 2012

Art Criminology

History Music

Philosophy Political Science

Psychology Sociology

**Group IV**

Begin process in fall, 2012 – Final report/presentation due fall, 2013

Composition Communication

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

Creative Writing Critical Thinking Film Honors Program

Journalism Linguistics Literature Writing Center

**Group V**

Begin process in fall, 2013– Final report/presentation due fall, 2014

Biology Chemistry

Child Development Computer Science

Dental Assisting Engineering Food and Nutrition Geography

Health Care Interpreter Health Science

Library Services

Licensed Vocational Nursing Math Math Center Nursing Assistant Training Physical Education Physics

**Student Services**

**Group I**

Begin process spring, 2010 – Final report/presentation due spring, 2011

DSP&S EOP&S

**Group II**

Begin process spring, 2011 – Final report/presentation due spring, 2012

Counseling Health Services

Student Support Services Outreach & Matriculation

**Group III**

Begin process spring, 2012– Final report/presentation due spring, 2013

Admissions & Records Residence Halls

**Group IV**

Begin process spring, 2013 – Final report/presentation due spring, 2014

Student Activities Financial Aid

Tutorial

**Group V**

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

CalWORKS

Athletics (submission of State Report)

Project Grants:

Upward Bound (Report not required—submit copy of grants)

Student Success (Report not required—submit copy of grants)

TRIO (Report not required—submit copy of grants)

Title V (Report not required—submit copy of grants)

**Administrative Services**

**Group I**

Begin process in spring, 2012 – Final report/presentation, spring 2013

Business Administrative Office Business Services Office

Facilities and Maintenance Food Services

**Group II**

Begin process in spring, 2013 – Final report/presentation, spring 2014

Computer Services

Administrative Services Offices (Office of Instruction/Student Services Office)

### 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) 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?

Click here to enter text.

8) Action Plan:

Based on the assessment results, what changes, if any, 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.  Results are positive—no changes to be made

B.  Conduct further assessment related to the issue and outcome

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

D.  Develop new methods of evaluating student work

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

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

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

H.  Revise the course sequence or prerequisites

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

J.  Unable to determine what should be done

K.  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 difficulty 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) 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 outcomes? Did the assessment work, and if not, what needs to be revised?

Click here to enter text.

8) Action Plan:

Based on the assessment results, what changes, if any, 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.  Results are positive—no changes to be made

B.  Conduct further assessment related to the issue and outcome

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

D.  Develop new methods of evaluating student work

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

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

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

H.  Unable to determine what should be done

I.  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 difficulty 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) 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(s)? Did the assessment work, and if not, what needs to be revised?

Click here to enter text.

8) Action Plan:

Based on the assessment results, what changes, if any, 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.  Results are positive—no changes to be made

B.  Conduct further assessment related to the issue and outcome

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

D.  Develop new methods of evaluating student learning

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

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

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

H.  Unable to determine what should be done

I.  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 difficulty due to the large number of part-time employees in this program” etc.): Click here to enter text.

### 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** | |  |
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| **General Comments** | | | | | | | | | |  |
| Click here to enter text. | | | | | | | | | |  |

### Reedley College Program Review Goals Annual Progress Report

**(email to Program Review Chair each May 1)**

**Program:** Click here to enter text. **Year: 20\_\_-20\_\_ Contact:** Click here to enter text.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goals**  (as appropriate, identify the campus where the goal applies) | **Proposed Timeline** | **Activities/Facilities/Curriculum/**  **Equipment Necessary to Accomplish Goals** | **Resources Needed, Include Estimate Costs** | **Status** | **Outcome** |
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**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.

Click here to enter text.