**Signature Program Definition and Program Application Template -- <span style="color:red">DRAFT</span>**

**Final Revisions Approved by Taskforce: August 23, 2013**

**Taskforce Members Present: George Railey, Janet Barbeiro, Brett Camacho, Christopher Boltz, Cynthia Elliott, David Clark, Jim Chin, Kelly Fowler, Kerry Ybarra, Kirt King, Michelle Johnson, Pam Gilmore, Tasha Hutchings, Tim Woods, Tom Mester**

SIGNATURE PROGRAM DEFINITION

A "signature" 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 "signature" 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. Program Review Committees at each college campus will define a process in which to designate CTE programs as "signature" based on the criteria below. College campuses will establish and document the process for which existing CTE programs apply for "signature" status.

The process delineated at each college campus should address the Qualitative and Quantitative measures listed below. Each college campus will establish the numerical benchmark that should be associated with each criterion, if necessary. In addition, the "signature" program application process will include an introduction with narrative that describes the following: brief overview, occupations served, how the program meets the mission of the college, how the program aligns with the college's and district's Strategic Plan, and the Program Learning Outcomes (PLOs). Once a program is designated as "signature," the program must resubmit Signature program application for consideration of sustained (renewal) status as part of the program's scheduled comprehensive program review. New CTE programs are eligible after the third year of implementation.

**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).

Each college campus will submit updated "signature" CTE program information to Educational Coordinating and Planning Committee (ECPC) at least once an academic year. This will include any changes to signature program status (i.e., new, sustained, or discontinued). College campuses will have final authority in designating or discontinuing "signature" status of CTE programs.

For programs wishing to apply for "signature" status, please follow the Signature Program application process as defined by your campus.

**Signature Program Review Reference Guide (see attached)**

**Chancellor's Cabinet:  09/30/13  Reviewed Draft**

# SIGNATURE PROGRAM REFERENCE GUIDE
## ~DRAFT~

## Signature Page

_____     _____
Signature of discipline faculty submitting report **\*\*\***          Date of Submission

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

_____     _____
Signature of Department Chair **\*\*\***          Date of Submission

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

_____     _____
Signature of Division Dean **\*\*\***          Date of Submission

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

_____     _____
Signature of Program Review Representative **\*\*\***          Date of Submission

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

**NAME OF PROGRAM:**

*[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 _____ : _____           Spring _____ : _____

    Fall _____ : _____           Spring _____ : _____

    Fall _____ : _____           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*:                     By LHEs:

Fall _____ : _____       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 _____ : _____           Spring _____ : _____

    Fall _____ : _____           Spring _____ : _____

    Fall _____ : _____           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 |

Chancellor's Cabinet:  09/30/13 Reviewed Draft