

Comprehensive Program Review Self-Study Report

Division/Area Name:	Year:
Name of person leading this review:	
Names of all participants in this review:	
Number of Degrees offered:	Number of Certificates offered:

Part 1 - Division or Area Overview

1.1. Briefly describe how the division or area contributes to the district <u>mission</u> :	
1.2. State briefly program highlights and accomplishments:	
1.3. Check each Institutional Learning Outcome (ILO) supported by the division/area.	
<input type="checkbox"/> Communication	<input type="checkbox"/> Demonstrates analytical reading and writing skills including research, quantitative and qualitative evaluation and synthesis. <input type="checkbox"/> Demonstrates listening and speaking skills that result in focused and coherent communications
<input type="checkbox"/> Creative, Critical, and Analytical Thinking	<input type="checkbox"/> Uses intellectual curiosity, judgment and analytical decision-making in the acquisition, integration and application of knowledge and skills. <input type="checkbox"/> Solves problems utilizing technology, quantitative and qualitative information and mathematical concepts.
<input type="checkbox"/> Community/Global Consciousness	<input type="checkbox"/> Understands and applies personal concepts of integrity, ethics, self-esteem, lifelong learning, while contributing to the well being of society and the environment. <input type="checkbox"/> Demonstrates an awareness and respect of the values of diversity, complexity, aesthetics and varied cultural expressions.

<input type="checkbox"/> Career and Specialized Knowledge	<input type="checkbox"/> Demonstrates knowledge, skills and abilities related to student educational goals, including career, transfer and personal enrichment.
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Part 2 - Data Analysis and Use

All divisions will complete Parts 2-7. Within academic divisions, Parts 2-7 will be completed by each discipline.

Discipline:

Please review and interpret data by following the provided links

Indicator	Comments and Trend Analysis
2.1. Please review the headcount, FTES, and enrollment data	Comments on trends over the past five years and how they affect your program:
2.2. Report program/area data showing the quantity of services provided over the past five years (e.g. number transactions, acreage maintained, students served, sales figures).	Comment on trends and how they affect your program:
2.3. Student success and retention rates by discipline	Comment on trends and how they affect your program and on where improvements are needed to meet the Institutional Standard of 68% for student success:
2.4. Number of Sections by Location and Modality	Comment on trends:
2.5. Analyze and summarize trends in student progression through basic skills courses , if applicable.	Comment on trends and how they affect your program:
2.6. Success and Retention by Equity Groups	Review and interpret data by race/ethnicity , gender , (or both):
2.7. Degree and certificate completion	Discuss trends in the completion rates of degrees and certificates . If applicable, discuss improvements in license exam results, job placement/post testing and/or transfer rates to four-year institutions:
2.8. Faculty Data	Review and Interpret data on PT/FT Ratio and FTES/FTEF. Comment on trends:

<p>2.9. Career Technical Education (CTE) programs: Review the labor market data on the California Employment Development Department website for jobs related to your discipline.</p>	<p>Comment on the occupational projections for employment in your discipline for the next two years and how the projections affect your planning:</p>
<p>Part 2 Summary Based on examination of the data, address any student achievement gaps and/or other student needs here:</p>	

Part 3 – Outcome Analysis and Use

Cite examples of using outcome (PLO, SLO, and/or OO) action plans as the basis for resource requests and the allocation of those requests (e.g. human, facilities/physical, technology, financial, professional development) or making other changes that resulted in or correlate with improved outcome findings over the past five years.

SLO/PLO/OO	Action Plan	Current Status	Impact of Action

<p>Part 3 Summary Briefly describe what changes have been made (or need to be taken) to the program based on findings:</p>
<p>Please provide any additional comments for Part 3:</p>

Part 4 - Stakeholder Assessment

Assess how well the program serves the needs of the students, district, and community. Use surveys, interviews or focus groups to obtain feedback from stakeholders (students and/or others who are impacted by your services). Include documented feedback from other sources if relevant (e.g. advisory committees, employers in the community, universities, scores on licensure exams, job placement).

Type of feedback	Feedback provided by?	Recommendations/findings	Actions needed/planned/taken based on feedback
Choose an item.			
Choose an item.			
Choose an item.			

Part 4 Summary

Please provide any additional comments for Part 4:

Part 5 - Goals and Objectives and Evaluation of Previous Plans

5.1. Review the goals identified in your most recent comprehensive self-study report and any subsequent annual reports. Briefly discuss your progress in achieving those goals.

Goals/Objectives/Action Plans	Current Status	Impact of Action (describe any relevant measures/data used to evaluate the impact)
	Choose an item.	
	Choose an item.	
	Choose an item.	
Briefly discuss your progress in achieving those goals:		
Please describe how resources provided in support of previous program review contributed to program improvements:		

5.2 2016-2017 Planning

Based on data analysis, outcomes, program indicators, assessment and summaries, list discipline/area goals and objectives to advancing district Strategic Goals, improving outcome findings and/or increasing the completion rate of courses, certificates, degrees and transfer requirements in 2016-2017. Discipline/area goals must be guided by [district Strategic Goals](#) in the Educational Master Plan (EMP). They **must be supported by an outcome or other reason (e.g., health and safety, data analysis, national or professional standards, a requirement or guideline from legislation or an outside agency).**

Goal #	Discipline/area goal and objectives	Relationship to Strategic Goals* in Educational Master Plan (EMP) and/or other	Expected Impact of Program Outcomes/Student Learning	Action plan(s) or steps needed to achieve the goal**	Resources needed (Y/N)?
		Choose an item. Choose an item. Choose an item. Choose an item.			Choose an item.
		Choose an item. Choose an item. Choose an item. Choose an item.			Choose an item.
		Choose an item. Choose an item. Choose an item. Choose an item.			Choose an item.
		Choose an item. Choose an item. Choose an item.			Choose an item.
		Choose an item. Choose an item. Choose an item.			Choose an item.
		Choose an item. Choose an item. Choose an item.			Choose an item.

****Action plan verbs: expand, reduce, maintain, eliminate, outsource, reorganize, re-engineer, study further, etc.**

Part 6 - Resource Needs

Identify significant resource needs that should be addressed currently or in near term. For each request type identify which **discipline/area goal(s)** from Part 5.2 guide this need.

Indicate which Discipline/area Goal(s) guide this need	Type of Request (Personnel ¹ , Physical ² , Technology ³ , Professional development ⁴ , Other ⁵)	New or Repeat Request?	Briefly describe your request here	Amount, \$	One-time or Recurring Cost, \$?
	Choose an item.	Choose an item.			
	Choose an item.	Choose an item.			
	Choose an item.	Choose an item.			
	Choose an item.	Choose an item.			
	Choose an item.	Choose an item.			
	Choose an item.	Choose an item.			
	Choose an item.	Choose an item.			

¹List needed human resources in priority order. For faculty and staffing request attach Faculty Position Request form.

²List needed technology resources in priority order.

³In priority order, list facilities/physical resources (remodels, renovations, or new) needed for safer and appropriate student learning and/or work environment.

⁴List needed professional development resources in priority order. This request will be reviewed by the professional development committee.

⁵List any other needed resources in priority order.

Part 7 - Comments

Please rate the level of your agreement with the following statements regarding the program review process:	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
▪ This year’s program review was valuable in planning for the continued improvement of my program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Analysis of the program review data was useful in assessing my program’s outcomes and current status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					