ANTELOPE VALLEY COLLEGE

NON-INSTRUCTIONAL/ADMINISTRATIVE PROGRAM REVIEW
2017-2018 ANNUAL UPDATE

1. Area/Department/Office Name: Office for Students with Disabilities (OSD)	2. For Year: **2019-2020**

3. Name of the person leading this review: Dr. Louis Lucero

4. Names of all participants in this review: Tamira Palmetto Despain, John Wanko, Gina Beaman, Mari-Ali Belton, Maricela Ruvalcaba, Harry Pleer, Ken Sawicki, Ann Loi.

5. Status Quo option: Year 1: Comprehensive review Year 2: Annual update or status quo option Yes Year 3: Annual update Year 4: Annual update or status quo option	In years two and four of the review cycle, programs may determine that the program review conducted in the previous year will guide program and district planning for another year. ☐ **X** Check here to indicate that the program review report written last year accurately reflects program planning for the current academic year. (Only programs with no updates or changes may exercise the status quo option. All others will respond to questions 6 – 10.)

Data/Outcome Analysis and Use

Please review and interpret data:

#	Indicator	Comments and Trend Analysis
6.	Report program/area data showing the quantity of services provided over the past five years (e.g. number of transactions, acreage maintained, students served, sales figures, etc.)	

***

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

ILO/PLO/OO	Action Plan	Current Status	Impact of Action
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	

8. 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	Current Status	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:		

9. 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), p.90. 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 on 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.

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

10. Identify significant resource needs that should be addressed currently or in near term. For each request type identify which **discipline/area goal(s) from 9 guide this need**.

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

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

[2]List needed technology resources in priority order.

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

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

[5]List any other needed resources in priority order.