

**2019-2020 Program Review Report**

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| **Division/Area Name:** | **For Years: 2021-2022** |
| **Name of person leading this review:** | |
| **Names of all participants in this review:** | |

**Part 1. Program Overview:**

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| ***1.1.Briefly describe how the program contributes to the district*** [***mission***](https://www.avc.edu/aboutavc/principles) |
| ***1.2.State briefly program highlights and accomplishments*** |

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| ***1.3. Check each*** [***Institutional Learning Outcome (ILO)***](https://www.avc.edu/aboutavc/ilo) ***supported by the program.*** *Type an “X” if checkbox is unavailable.* | |
| **☐ Communication** | ☐ Demonstrates analytical reading and writing skills including research, quantitative and qualitative evaluation and synthesis.  ☐ Demonstrates listening and speaking skills that result in focused and coherent communications |
| **☐ Creative, Critical, and**  **Analytical Thinking** | ☐ Uses intellectual curiosity, judgment and analytical decision-making in the acquisition, integration and application of  knowledge and skills.  ☐ Solves problems utilizing technology, quantitative and qualitative information and mathematical concepts. |
| **☐ Community/Global**  **Consciousness** | ☐ Understands and applies personal concepts of integrity, ethics, self-esteem, lifelong learning, while contributing to the well-  being of society and the environment.  ☐ Demonstrates an awareness and respect of the values of diversity, complexity, aesthetics and varied cultural expressions. |
| **☐ Career and Specialized**  **Knowledge** | ☐ Demonstrates knowledge, skills and abilities related to student educational goals, including career, transfer and personal  enrichment. |
| ***1.4. Check each*** [***Educational Master Plan (EMP)/Strategic Plan Goal***](https://www.avc.edu/sites/default/files/administration/research/Plans/Strategic%20Plan%20Template%202018-2021%20fillable%20form.pdf) ***supported by the program.*** *Type an “X” if checkbox is unavailable.* | |
| ☐ **Goal 1\*:** Commitment to strengthening institutional effectiveness measures and practices. | |
| ☐ **Goal 2\*:** Increase efficient and effective use of resources: Technology; Facilities; Human Resources; Business Services. | |
| ☐ **Goal 3:** Focus on utilizing proven instructional strategies that will foster transferable intellectual skills. | |
| ☐ **Goal 4\*:** Advance more students to college‐level coursework-Develop and implement effective placement tools. | |
| ☐ **Goal 5:** Align instructional programs to the skills identified by the labor market. | |

\*Indicates College-Wide Priorities for 2019-2020

**Part 2.A. Please provide the results of any internal and external environmental scan information you have gathered related to the program e.g. surveys, interviews, focus groups, advisory groups, licensure exam scores, job placement, State mandates, etc.:**

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**Part 2.B. Analyze the** [**program review data**](https://public.tableau.com/profile/svetlana6591#!/vizhome/ProgramReview_10/ProgramReviewData) **(please see the program review data retrieval instructions and attach your program review data page with any other supporting documents), the above environmental scan information, and anything else related to your area to identify the program strengths, weaknesses, opportunities, & threats (SWOT):**

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| ***Strengths*** |  |
| ***Weaknesses*** |  |
| ***Opportunities*** |  |
| ***Threats*** |  |

**Part 2.C. Review and comment on progress towards SLO/PLO/OO Action Plans:**

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**Part 2.D. Review and comment on progress towards past program review goals:**

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**Part 3. Based on Part 2 above, please list program/area goals for 2020-2021:**

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| ***Program/Area Goal #*** | ***Goal supports which ILO/PLO/SLO/OO?*** | ***Description of Goal*** | ***Steps to be taken to achieve goal?*** |
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**Part 4. Resource Requests that Support Program Needs (Based on above analyses and listed in priority order):**

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| ***Type of Resource Request*** | ***Summary of Request*** | ***New or Repeat Request*** | ***Amount of Request, $*** | ***One-Time or Recurring Cost, $*** | ***Contact’s Name*** |
| ***Faculty*** |  |  |  |  |  |
| ***Classified Staff*** |  |  |  |  |  |
| ***Technology*** |  |  |  |  |  |
| ***Physical/Facilities*** |  |  |  |  |  |
| ***Supplies*** |  |  |  |  |  |
| ***Professional Development*** |  |  |  |  |  |
| ***Other*** |  |  |  |  |  |

**Part 5. Insert your Program Review Data here, as well as any other supporting data. (See Part 2.B above.)**