

## NON-INSTRUCTIONAL/ADMINISTRATIVE AREAS

## 2017-2018 COMPREHENSIVE PROGRAM REVIEW

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| --- | --- |
| Division/Area/Department Name: | For Years: 2019-2023 |
| Name of the person leading this review: | |
| Names of all participants in this review: | |

**Part 1 – Division/Area/Department Overview**

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| --- |
| * 1. Briefly describe how the office/area/department contributes to the district [mission](https://www.avc.edu/aboutavc/principles): |
| * 1. State briefly highlights and accomplishments in your office/area/department: |

|  |  |
| --- | --- |
| 1.3. Check each [Institutional Learning Outcome (ILO)](http://www.boarddocs.com/ca/avc/Board.nsf/files/9ZZPR665024E/$file/AVC%20ILO%20PROPOSAL%20August%202015%20(1).pdf) supported by the division/area. | |
| **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 wellbeing 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. Division/area/department’s data

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Full-Time Employees** | | **Number of Part-Time Employees** | | **Personnel Budget** | | **Discretionary Budget** | |
| **2015-2016** | **2016-2017** | **2015-2016** | **2016-2017** | **2015-2016** | **2016-2017** | **2015-2016** | **2016-2017** |
|  |  |  |  |  |  |  |  |

**Part 2 - Assessment**

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| 2.1. Please indicate how your division/area/department contributes to and enhances AVC students’ educational experience. | |
| 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: |

**Part 3 – Outcome Analysis and Use**

Cite examples of using 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.

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

**Part 4 - Stakeholder Assessment**

Assess how well the division/area/department 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).

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| --- | --- | --- | --- |
| 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 5 - Goals and Objectives and Evaluation of Previous Plans**

**5.1.** Review the goals identified in your most recent program review. Briefly discuss your progress in achieving those goals.

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| --- | --- | --- |
| Goals/Objective | 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: | | |

**2019-2023 Planning**

**5.2.** 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/orincreasing the completion rate ofcourses, certificates, degrees and transfer requirements in 2016-2017. Discipline/area goals must be guided by[**district Strategic Goals**](https://www.avc.edu/sites/default/files/administration/organizations/emp/AVC%20EMP%20Final%202016%200820.pdf) 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).**

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| --- | --- | --- | --- | --- | --- |
| 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. |
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|  |  | 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**.

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| --- | --- | --- | --- | --- | --- | --- |
| Indicate which Discipline/area Goal(s) guide this need | Type of Request (Personnel1, Technology2, Physical3, Professional development4, Other5) | New or Repeat Request? | Briefly describe your request here | Amount, $ | One-time or Recurring cost? | Contact person’s name |
|  | Choose an item. | Choose an item. |  |  | Choose an item. |  |
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|  | Choose an item. | Choose an item. |  |  | Choose an item. |  |

1List needed human resources in priority order.

2List 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.

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**

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| --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |  |  |
| * Analysis of the program review data was useful in assessing my program’s outcomes and current status |  |  |  |  |  |
| Comments: | | | | | |