

| 1. Area/Department/Office Name: S.T.A.R. TRIO Program (Student Transfer and Academic Retention) 2. For Year: 2018-2019 | | | | | | | |
|---|--|--|--|--|--|--|--|
| 3. Name of the person leading this review: Saundra D. Cooley | | | | | | | |
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| 4. Names of all participants in this review: Saun | dra D. Cooley: STAR Director, Stephanie Mattila: Counselor, and Sara Stanton: Clerical III | | | | | | |
| 5. Status Quo option: In years two and four of the review cycle, programs may determine that the program review | | | | | | | |
| Year 1: Comprehensive review | Year 1: Comprehensive review conducted in the previous year will guide program and district planning for another year. | | | | | | |
| Year 2: Annual update or status quo option Check here to indicate that the program review report written last year accurately reflects | | | | | | | |
| Year 3: Annual update program planning for the current academic year. | | | | | | | |
| Year 4: Annual update or status quo option | (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:

| · icuse | icase review and interpret data. | | | | | |
|---------|--|---|--|--|--|--|
| # | Indicator | Comments and Trend Analysis | | | | |
| 6. | Report program/area data showing | Comment on trends and how they affect your program: | | | | |
| | 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 | |
|------------|-------------|----------------|------------------|--|
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| progress in achieving thos | e goals. | | | | |
|----------------------------|----------------------------|---|--|--|--|
| Goals/Objectives | Current Status | Describe any relevant measures/data used to evaluate the impact | | | |
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| Briefly discuss your progi | ress in achieving those go | pals: | | | |
| Please describe how resc | ources provided in suppor | rt of previous program review contributed to program improvements: | | | |
| Q Raced on data analysis | outcomes program indic | rators assessment and summaries list discipline/area goals and objectives to advancing district | | | |

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

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)? |
|--------|-------------------------------------|--|--|--|----------------------------|
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^{**}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 | Type of Request (Personnel ¹ , Technology ² , Physical ³ , | New or Repeat Request? | Briefly describe your request here | Amount, \$ | One-time or Recurring Cost, \$? | Contact's name |
|--------------------------------|--|---------------------------|------------------------------------|------------|---------------------------------|----------------|
| Goal(s) guide this need | Professional development ⁴ , Other ⁵) | | | | | |
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¹List needed human resources in priority order. For faculty and staffing request attach Faculty Position Request form.

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.