Academic Program Review



|  |  |  |
| --- | --- | --- |
| **ACADEMIC YEAR** |       | [ ]  Basic Skills [ ]  Transfer [ ]  Career Technical Education (CTE) |
| **PROGRAM** |       |
| **DEPARTMENT** |  |
| **DIVISION** |  |
| **SUBMITTER** |       |

**I. INSTITUTIONAL GOALS**

|  |  |
| --- | --- |
| INSTITUTIONAL GOAL**1** | **INSTITUTIONAL MISSION AND EFFECTIVENESS** – The College will maintain programs and services that focus on the mission of the College supported by data-driven assessments to measure student learning and student success. |
| INSTITUTIONAL GOAL**2** | **STUDENT LEARNING PROGRAMS AND SERVICES** – The College will maintain instructional programs and services which support student success and the attainment of student educational goals. |
| INSTITUTIONAL GOAL**3** | **RESOURCES** – The College will develop and manage human, technological, physical, and financial resources to effectively support the College mission and the campus learning environment. |
| INSTITUTIONAL GOAL**4** | **LEADERSHIP AND GOVERNANCE** – The Board of Trustees and the Superintendent/President will establish policies that assure the quality, integrity, and effectiveness of student learning programs and services, and the financial stability of the institution. |

**II. PROGRAM GOALS**

1. **PAST – EVALUATION OF PREVIOUS CYCLE OBJECTIVES/PROGRAM GOALS (SET IN PREVIOUS YEAR)**

List your previous objectives/goals and associated Institutional Goals. All program goals must address at least one of the institutional goals.

|  |  |
| --- | --- |
| **PAST PROGRAM GOALS**(Describe past program goals.) | **INSTITUTIONAL****GOAL(S)** (Check all that apply.) |
|  |  |  |
| **1** | **PAST PROGRAM GOAL #1** | **INSTITUTIONAL GOAL(S)** |
| **Identify Program Goal from Last Program Review:**       | [ ]  1[ ]  2[ ]  3[ ]  4 |
| [ ]  Met | [ ]  Partially Met | [ ]  Not Met |
| **Provide detail on any improvements/effectiveness and detail status on those not fully met:**       |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **2** | **PAST PROGRAM GOAL #2** | **INSTITUTIONAL GOAL(S)** |
| **Identify Program Goal from Last Program Review:**       | [ ]  1[ ]  2[ ]  3[ ]  4 |
| [ ]  Met | [ ]  Partially Met | [ ]  Not Met |
| **Provide detail on any improvements/effectiveness and detail status on those not fully met:**       |
|  |  |  |
| **3** | **PAST PROGRAM GOAL #3** | **INSTITUTIONAL GOAL(S)** |
| **Identify Program Goal from Last Program Review:**       | [ ]  1[ ]  2[ ]  3[ ]  4 |
| [ ]  Met | [ ]  Partially Met | [ ]  Not Met |
| **Provide detail on any improvements/effectiveness and detail status on those not fully met:**       |

Comments:

1. **PRESENT – DATA ANALYSIS AND PROGRAM HEALTH**
2. Summarize and analyze all disaggregated data by day, evening, gender, ethnicity, and distance education regarding enrollments, fill rates, productivity, completion, success, retention, persistence, and transfer (complete a, b, & c). ***Attach graphs or trend data***.
3. Discuss and chart the trends in enrollment and fill rate for each program by day and evening at the program level.

1. What are the trends in productivity? (WSCH/FTEF) The goal is 525 as per state guidelines. A low number means that we are below target levels for productivity. For example, in a small class that has a mandated cap of 15 students, the fill rate may be 100% but the productivity number (WSCH/FTEF) will be very low. A class with a cap of 40 students with a 100% fill rate will have a productivity number close to or above 525.

1. Discuss and chart the success and retention rates by day, evening (extended day), and online classes in each program and identify gaps.

1. Discuss and chart the success and retention rates in each program and identify gaps for five ethnic groups. (African-American, White, all Hispanics, Other, Unknown).

1. Discuss the trends in the number of degrees or certificates awarded, if applicable. (You may be able to expand more about this in B.3 below.)

1. What program changes, if any, will you recommend that you expect would have a positive effect on your students in your program, if applicable?

1. Summarize revisions, additions, deletions, or alternate delivery methods to courses and/or program based on the last program review.

1. Evaluate the program’s viability by addressing program completion, size (FTES), projections (growing/stable/declining), and quality of outcomes. For CTE programs, also include labor market projections, placement, and performance on external testing/exams (i.e. ASE, NABCEP) and industry-recognized credentials, placement, and performance on external testing or exams (NCLEX, ASC, NAP).

**C. FUTURE – LIST OF “SMART” (SPECIFIC** **MEASURABLE ATTAINABLE RELEVANT** **TIME-LIMITED) PROGRAM OBJECTIVES FOR NEXT ACADEMIC YEAR TO ADDRESS PROGRAM IMPROVEMENT, GROWTH, OR UNMET NEEDS/GOALS. ALL PROGRAM GOALS MUST ADDRESS AT LEAST ONE OF THE INSTITUTIONAL GOALS.**

|  |  |
| --- | --- |
| **FUTURE PROGRAM GOALS**(Describe future program goals. List in order of budget priority.) | **INSTITUTIONAL GOAL(S)** (Check all that apply.) |
|  |  |
| **1** | **FUTURE PROGRAM GOAL #1**Budget Priority #1 | **INSTITUTIONAL GOAL(S)** |
| **Identify Goal:**       | [ ]  1[ ]  2[ ]  3[ ]  4 |
| **Objective:**       |
| **Task(s):**       |
| **Timeline:**       |
| **EXPENSE TYPE** | **FUNDING TYPE** | **RESOURCE PLAN**(Check all that apply.) | **BUDGET REQUEST** |
| [ ]  One-Time[ ]  Recurring | [ ]  Categorical Specify:       | [ ]  General Fund | [ ]  Facilities[ ]  Marketing[ ]  Technology[ ]  Professional Development[ ]  Staffing | $      |
|  |  |

|  |  |  |
| --- | --- | --- |
| **2** | **FUTURE PROGRAM GOAL #2**Budget Priority #2 | **INSTITUTIONAL GOAL(S)** |
| **Identify Goal:**       | [ ]  1[ ]  2[ ]  3[ ]  4 |
| **Objective:**       |
| **Task(s):**       |
| **Timeline:**       |
| **EXPENSE TYPE** | **FUNDING TYPE** | **RESOURCE PLAN**(Check all that apply.) | **BUDGET REQUEST** |
| [ ]  One-Time[ ]  Recurring | [ ]  Categorical Specify:       | [ ]  General Fund | [ ]  Facilities[ ]  Marketing[ ]  Technology[ ]  Professional Development[ ]  Staffing | $      |

|  |  |  |
| --- | --- | --- |
| **3** | **FUTURE PROGRAM GOAL #3**Budget Priority #3 | **INSTITUTIONAL GOAL(S)** |
| **Identify Goal:**       | [ ]  1[ ]  2[ ]  3[ ]  4 |
| **Objective:**       |
| **Task(s):**       |
| **Timeline:**       |
| **EXPENSE TYPE** | **FUNDING TYPE** | **RESOURCE PLAN**(Check all that apply.) | **BUDGET REQUEST** |
| [ ]  One-Time[ ]  Recurring | [ ]  Categorical Specify:       | [ ]  General Fund | [ ]  Facilities[ ]  Marketing[ ]  Technology[ ]  Professional Development[ ]  Staffing | $      |
|  |  |
| **TOTAL BUDGET REQUEST** | $      |

1. How will your enhanced budget request improve student success?

Comments:

**III. INSTITUTIONAL STUDENT LEARNING OUTCOMES (ISLOs)**

|  |  |
| --- | --- |
| **ISLO 1** | COMMUNICATION SKILLS |
| **ISLO 2** | CRITICAL THINKING SKILLS |
| **ISLO 3** | PERSONAL RESPONSIBILITY |
| **ISLO 4** | INFORMATION LITERACY |
| **ISLO 5** | GLOBAL AWARENESS |

**IV. PROGRAM LEARNING OUTCOMES (PLOs)**

|  |  |
| --- | --- |
| **PROGRAM LEARNING OUTCOMES**(Describe learning outcomes.) | **ISLO(S)** [Link PLO to appropriate ISLO(s).] |
|  |  |  |
| **PLO****1** | **PROGRAM LEARNING OUTCOME #1** | **ISLO(S)** |
| **Identify Program Outcome:**       | [ ]  ISLO 1[ ]  ISLO 2[ ]  ISLO 3[ ]  ISLO 4[ ]  ISLO 5 |
| **Measurable Outcome Summary:**       |
| [ ]  Met | [ ]  Partially Met | [ ]  Not Met |
| **Provide detail on any improvements/effectiveness and detail status on those not fully met:**       |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **PLO****2** | **PROGRAM LEARNING OUTCOME #2** | **ISLO(S)** |
| **Identify Program Outcome:**       | [ ]  ISLO 1[ ]  ISLO 2[ ]  ISLO 3[ ]  ISLO 4[ ]  ISLO 5 |
| **Measurable Outcome Summary:**       |
| [ ]  Met | [ ]  Partially Met | [ ]  Not Met |
| **Provide detail on any improvements/effectiveness and detail status on those not fully met:**       |
|  |  |  |
| **PLO****3** | **PROGRAM LEARNING OUTCOME #3** | **ISLO(S)** |
| **Identify Program Outcome:**       | [ ]  ISLO 1[ ]  ISLO 2[ ]  ISLO 3[ ]  ISLO 4[ ]  ISLO 5 |
| **Measurable Outcome Summary:**       |
| [ ]  Met | [ ]  Partially Met | [ ]  Not Met |
| **Provide detail on any improvements/effectiveness and detail status on those not fully met:**       |
|  |  |  |
| **\*\*\*\*\* ATTACH PLO/SLO GRID \*\*\*\*\*** |