



Academic Program Review

ACADEMIC YEAR		<input type="checkbox"/> Basic Skills	<input type="checkbox"/> Transfer	<input type="checkbox"/> Career Technical Education (CTE)
PROGRAM				
DEPARTMENT	Department			
DIVISION	Division			
SUBMITTER				

I. INSTITUTIONAL GOALS

<p>INSTITUTIONAL GOAL 1</p>	<p>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.</p>
<p>INSTITUTIONAL GOAL 2</p>	<p>STUDENT LEARNING PROGRAMS AND SERVICES – The College will maintain instructional programs and services which support student success and the attainment of student educational goals.</p>
<p>INSTITUTIONAL GOAL 3</p>	<p>RESOURCES – The College will develop and manage human, technological, physical, and financial resources to effectively support the College mission and the campus learning environment.</p>
<p>INSTITUTIONAL GOAL 4</p>	<p>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.</p>

II. PROGRAM GOALS

A. 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:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> 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:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> 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:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met Provide detail on any improvements/effectiveness and detail status on those not fully met:	

Comments:

B. PRESENT – DATA ANALYSIS AND PROGRAM HEALTH

1. 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.**
 - a. What factors or overall changes in your program may have influenced or contributed to observed trends in the data?
 - b. What program changes, if any, will you recommend that you expect would have a positive effect on your students' outcomes (Be specific. How will these changes impact data?)
 - c. Describe any trends in demographic diversity among students in your program, if applicable.
2. Summarize revisions, additions, deletions, or alternate delivery methods to courses and/or program based on the last program review.
3. 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.)
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1	FUTURE PROGRAM GOAL #1 Budget Priority #1		INSTITUTIONAL GOAL(S)
Identify Goal:			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Objective:			
Task(s):			
Timeline:			
EXPENSE TYPE	FUNDING TYPE	RESOURCE PLAN (Check all that apply.)	BUDGET REQUEST
<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring	<input type="checkbox"/> Categorical Specify: <input type="checkbox"/> General Fund	<input type="checkbox"/> Facilities <input type="checkbox"/> Marketing <input type="checkbox"/> Planning & Budget <input type="checkbox"/> Professional Development <input type="checkbox"/> Staffing	<input type="checkbox"/> SLO/SAO (Student Learning Outcome/ Service Area Outcome) <input type="checkbox"/> Student Services <input type="checkbox"/> Technology
			\$ _____

2	FUTURE PROGRAM GOAL #2 Budget Priority #2		INSTITUTIONAL GOAL(S)
Identify Goal:			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Objective:			
Task(s):			
Timeline:			
EXPENSE TYPE	FUNDING TYPE	RESOURCE PLAN (Check all that apply.)	BUDGET REQUEST
<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring	<input type="checkbox"/> Categorical Specify: <input type="checkbox"/> General Fund	<input type="checkbox"/> Facilities <input type="checkbox"/> Marketing <input type="checkbox"/> Planning & Budget <input type="checkbox"/> Professional Development <input type="checkbox"/> Staffing	<input type="checkbox"/> SLO/SAO (Student Learning Outcome/ Service Area Outcome) <input type="checkbox"/> Student Services <input type="checkbox"/> Technology
			\$ _____

3	FUTURE PROGRAM GOAL #3 Budget Priority #3		INSTITUTIONAL GOAL(S)
Identify Goal:			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Objective:			
Task(s):			
Timeline:			
EXPENSE TYPE	FUNDING TYPE	RESOURCE PLAN (Check all that apply.)	BUDGET REQUEST
<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring	<input type="checkbox"/> Categorical Specify: <input type="checkbox"/> General Fund	<input type="checkbox"/> Facilities <input type="checkbox"/> Marketing <input type="checkbox"/> Planning & Budget <input type="checkbox"/> Professional Development <input type="checkbox"/> Staffing	<input type="checkbox"/> SLO/SAO (Student Learning Outcome/ Service Area Outcome) <input type="checkbox"/> Student Services <input type="checkbox"/> Technology
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).]
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PLO	PROGRAM LEARNING OUTCOME #1	ISLO(S)
1	Identify Program Outcome:	<input type="checkbox"/> ISLO 1 <input type="checkbox"/> ISLO 2 <input type="checkbox"/> ISLO 3 <input type="checkbox"/> ISLO 4 <input type="checkbox"/> ISLO 5
	Measurable Outcome Summary:	
	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> 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:	<input type="checkbox"/> ISLO 1
	Measurable Outcome Summary:	<input type="checkbox"/> ISLO 2
	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met	<input type="checkbox"/> ISLO 3
Provide detail on any improvements/effectiveness and detail status on those not fully met:		<input type="checkbox"/> ISLO 4
		<input type="checkbox"/> ISLO 5

PLO 3	PROGRAM LEARNING OUTCOME #3	ISLO(S)
	Identify Program Outcome:	<input type="checkbox"/> ISLO 1
	Measurable Outcome Summary:	<input type="checkbox"/> ISLO 2
	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met	<input type="checkbox"/> ISLO 3
Provide detail on any improvements/effectiveness and detail status on those not fully met:		<input type="checkbox"/> ISLO 4
		<input type="checkbox"/> ISLO 5

******* ATTACH PLO/SLO GRID *******