|  |
| --- |
| **BASIC PROGRAM INFORMATION** |

|  |  |
| --- | --- |
| **Department Name:** |  |

|  |  |
| --- | --- |
| **Division Name:** |  |

Please list all team members who participated in this Program Review:

|  |  |  |
| --- | --- | --- |
| **Name** | **Department** | **Position** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Full Time Faculty:** |  | **Total Part Time Faculty:** |  |

|  |
| --- |
| **Please list all existing Classified positions:** *Example: Administrative Assistant I* |
|  |

**List all programs covered by this review and check the appropriate column for program type:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Certificate  AA / AS  AD-T  Pathway

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Certificate  AA / AS  AD-T  Pathway

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Certificate  AA / AS  AD-T  Pathway

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Certificate  AA / AS  AD-T  Pathway

|  |
| --- |
| **SECTION 1: PROGRAM DATA & ENROLLMENT** |

**1A. Transcriptable Program Data:** Data will be posted on Institutional Research’s [website](http://www.foothill.edu/staff/irs/programplans/programreviewdata.php) for all measures except non-transcriptable completion. You must manually copy data in the boxes below for every degree or certificate of achievement covered by this program review.

|  |  |  |  |
| --- | --- | --- | --- |
| **Transcriptable Program** | **2012-2013** | **2013-2014** | **2014-2015** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**1B. Non-Transcriptable Program Data:** Please provide any non-transcriptable completion data you have available. Institutional Research does not track this data; you are responsible for tracking this data.

|  |  |  |  |
| --- | --- | --- | --- |
| **Non-Transcriptable Program** | **2012-2013** | **2013-2014** | **2014-2015** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please provide the rationale for offering a non-transcriptable program and share the most recent program completion data.

|  |
| --- |
|  |

**1C. Department Level Data:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2012-2013** | **2013-2014** | **2014-2015** |
| **Enrollment** |  |  |  |
| **Productivity** |  |  |  |
| **Course Success** |  |  |  |
| **Full-Time FTEF** |  |  |  |
| **Part-Time FTEF** |  |  |  |

**1D. Enrollment Trends:**

Program Enrollment (Over Past 3 Years):  Increase  Steady/No Change  Decrease

**1E. Enrollment Demographics:** Please describe enrollment data trends for the following student groups, comparing the program-level data with the college-level data.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Increase** | **Steady/No Change** | **Decrease** |
| Targeted Students |  |  |  |
| Non-Targeted Students |  |  |  |
| Male |  |  |  |
| Female |  |  |  |
| <25 Years Old |  |  |  |
| >25 Years Old |  |  |  |
| High School (Highest Degree) |  |  |  |
| >High School (Highest Degree) |  |  |  |

How do these trends affect how your program views enrollment in the coming year?

|  |
| --- |
|  |

**1F. Course Enrollment:** If there are particular courses that are not getting sufficient enrollment, are regularly cancelled due to low enrollment, or are not scheduled, discuss how your program is addressing this issue.

|  |
| --- |
|  |

**1G. Productivity**: Although the college productivity goal is **535**, there are many factors that affect productivity (i.e. seat count / facilities / accreditation restrictions).

Program Productivity Trend:  Increase  Steady/No Change  Decrease

Program Productivity (Compared to College Goal):  Above Goal  At Goal  Below Goal

Please discuss what factors may be affecting your program’s productivity.

|  |
| --- |
|  |
| **SECTION 2: COURSE COMPLETION & PROGRAM IMPROVEMENT** |

**2A. Institutional Standard for Course Completion Rate: 55%**

Program Level Course Completion:  Above Standard  At Standard  Below Standard

Targeted Student Course Completion:  Above Standard  At Standard  Below Standard

Online Student Course Completion:  Above Standard  At Standard  Below Standard

In-Person/Hybrid Course Completion:  Above Standard  At Standard  Below Standard

**2B. Institutional Effectiveness (IEPI) Goal for Course Completion Rate:** **71%**

Program Level Course Completion:  Above Goal  At Goal  Below Goal

Targeted Student Course Completion:  Above Goal  At Goal  Below Goal

Online Student Course Completion:  Above Goal  At Goal  Below Goal

In-Person/Hybrid Course Completion:  Above Goal  At Goal  Below Goal

At the program level, how do you decide upon reasonable course completion goals?

|  |
| --- |
|  |

Please comment on your program’s efforts to continually improve course completion rates, especially for students with basic skills needs, students from targeted groups, and students taking online courses.

|  |
| --- |
|  |

**2C. Faculty Discussion:** Does meaningful dialogue currently take place in shaping, evaluating, and assessing your program’s student learning outcomes (SLOs)?  Yes  No

If yes, in what venues do these discussions take place? (Check all that apply)

Department Meetings  Opening Day  Online Discussions  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, please discuss what is missing and/or the obstacles to ensuring dialogue takes place.

|  |
| --- |
|  |

**2D. Course-Level:** How has assessment and reflection of CL-SLOs led to course-level changes?

|  |
| --- |
|  |

**2E. Program-Level:** How has assessment of PL-SLOs led to certificate/degree program improvements? Have you made any changes to your program based on the findings?

|  |
| --- |
|  |

What is being done at the program-level to assist students in achieving degree/certificate completion and/or transferring to a four-year institution?

|  |
| --- |
|  |

**2F. Workforce/CTE Programs:** Refer to the program review [website](http://foothill.edu/staff/irs/programplans/programreviewdata.php) for labor market data.

|  |  |
| --- | --- |
| What is the regional three-year projected occupational growth for your program? |  |

What is being done at the program-level to assist students with job placement and workforce preparedness?

|  |
| --- |
|  |

If your program has other program-level outcomes assessments (beyond SLOs and labor market data), discuss how that information has been used to make program improvements.

|  |
| --- |
|  |

|  |
| --- |
| **SECTION 3: PROGRAM GOALS & RESOURCE REQUESTS** |

**3A. Previous Goals/Outcomes:** Please list program goals (not resource requests) from past program reviews and provide an update by checking the appropriate status box.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Completed  Ongoing  No Longer a Goal

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Completed  Ongoing  No Longer a Goal

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Completed  Ongoing  No Longer a Goal

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Completed  Ongoing  No Longer a Goal

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Completed  Ongoing  No Longer a Goal

Please comment on any challenges or obstacles with ongoing previous goals. Please provide rationale behind any goals that are no longer a priority for the program.

|  |
| --- |
|  |

**3B. New Objectives:** Please list any new objectives; do not list resource requests in this section.

|  |  |  |
| --- | --- | --- |
| **Objective** | **Timeline** | **Measure of Progress** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**3C. EMP Goals.** Please refer to the Educational Master Planning [website](http://www.foothill.edu/president/parc/esmp.php) for more information on the EMP goals. What EMP goals do your plans for this year support? (Check all that apply).

Create a culture of equity that promotes student success and strong support for underserved students.

Strengthen everyone’s sense of community and commitment to the College’s mission; expand participation from all constituencies in shared governance.

Recognize and support a campus culture that values problem solving and stewardship of resources.

**3D. Support:** Please provide examples of how your program objectives support the EMP goals.

|  |
| --- |
|  |

**3E. Resource Requests:** Using the table below, summarize your program’s unfunded resource requests. Refer to the Operations Planning Committee (OPC) [website](http://www.foothill.edu/president/operations.php) for current guiding principles, rubrics and resource allocation information.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Request** | **$** | **Objective** | **Type of Resource Request** | | | |
| **Full-Time Faculty/Staff Position** | **One-Time B-Budget Augmentation** | **Ongoing B-Budget Augmentation** | **Facilities and Equipment** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**3F. Unbudgeted Reassigned Time:** Calculate by [% Reassign Time x Salary/Benefits of FT]

Has the program received college funding for reassigned time in the last three years?

Yes  No If Yes, Indicate Percent of Time: \_\_\_\_\_\_\_\_\_\_\_\_

Has the program used division or department B-Budget to fund reassign time?

Yes  No If Yes, Indicate Percent of Time: \_\_\_\_\_\_\_\_\_\_\_\_

Indicate duties covered by requested reassign time.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Responsibility** | **Estimated $** | **Related Objective** | **Estimated Hrs/Month** | **% Time** |
|  |  |  |  |  |

**3G.** Please review the resource requests that were granted over the last three years and provide evidence that the resource allocations supported your goals and led to student success.

|  |
| --- |
|  |

|  |
| --- |
| **SECTION 4: PROGRAM SUMMARY** |

**4A. Prior Feedback:** Address the concerns or recommendations made in prior program review cycles, including any feedback from the Dean/VP, Program Review Committee, etc.

|  |  |
| --- | --- |
| **Concern/Recommendation** | **Comments** |
|  |  |
|  |  |
|  |  |

**4B. Summary:** What else would you like to highlight about your program (e.g. innovative initiatives, collaborations, community service/outreach projects, etc.)?

|  |
| --- |
|  |

|  |
| --- |
| **SECTION 5: LEARNING OUTCOMES ASSESSMENT SUMMARY** |

**5A. Attach 2014-2015 Course-Level Outcomes**: Four Column Report for CL-SLO Assessment from TracDat. Please contact the Office of Instruction to assist you with this step if needed.

**5B. Attach 2014-2015 Program-Level Outcomes**: Four Column Report for PL-SLO Assessment from TracDat. Please contact the Office of Instruction to assist you with this step if needed.

|  |
| --- |
| **SECTION 6: FEEDBACK AND FOLLOW-UP** |

**This section is for the Dean to provide feedback.**

**6A. Strengths and successes of the program as evidenced by the data and analysis:**

|  |
| --- |
|  |

**6B. Areas of concern, if any:**

|  |
| --- |
|  |

**6C. Recommendations for improvement:**

|  |
| --- |
|  |

**6D. Recommended Next Steps:**

Proceed as Planned on Program Review Schedule

Further Review / Out-of-Cycle in-Depth Review

**This section is for the Vice President/President to provide feedback.**

**6E. Strengths and successes of the program as evidenced by the data and analysis:**

|  |
| --- |
|  |

**6F. Areas of concern, if any:**

|  |
| --- |
|  |

**6G. Recommendations for improvement:**

|  |
| --- |
|  |

**6H. Recommended Next Steps:**

Proceed as Planned on Program Review Schedule

Further Review / Out-of-Cycle in-Depth Review

*Upon completion of Section 6, the Program Review document should be returned to department faculty/staff for review, then submitted to the Office of Instruction and Institutional Research for public posting. Please refer to the Program Review timeline.*