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| **BASIC PROGRAM INFORMATION** |

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

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

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

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| --- | --- | --- |
| **Name** | **Department** | **Position** |
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| **Total Full Time Faculty:** |  |  **Total Part Time Faculty:** |  |

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

**List all departments covered by this review and indicate the appropriate program type.**

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

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

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

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

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| **SECTION 1.1: INSTRUCTIONAL PROGRAM DATA & ENROLLMENT** |

**1.1A. 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.

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| --- | --- | --- | --- |
| **Transcriptable Program** | **2012-2013** | **2013-2014** | **2014-2015** |
|  |  |  |  |
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**1.1B. 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.

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| **Non-Transcriptable Program** | **2012-2013** | **2013-2014** | **2014-2015** |
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Please provide the rationale for offering a non-transcriptable program and share the most recent program completion data.

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**1.1C 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.

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**1.1D. 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.

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**1.1E. 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

**1.1F. 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?

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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.

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**1.1G. 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.

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**1.1H. Course-Level:** How has assessment and reflection of CL-SLOs led to course-level changes?

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| **SECTION 1.2: SERVICE AREA DATA** |

**1.2A. Service Area Data:**

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|  | **2012-2013** | **2013-2014** | **2014-2015** |
| **Number of Students Served** |  |  |  |
| **Full-Time FTEF** |  |  |  |
| **Part-Time FTEF** |  |  |  |

**1.2B. Enrollment Trends:**

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

**1.2C. Enrollment Demographics:** Please describe enrollment data trends for the following student groups, comparing the program-level data with the college-level data.

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| --- | --- | --- | --- |
|  | **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?

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**1.2D. Program-Level:** How has assessment of PL-SAOs led to program improvements? Have you made any changes to your program based on the findings?

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| **SECTION 2: PROGRAM GOALS & RESOURCE REQUESTS** |

**2A. Service Area Outcome (SAO):** Please list your SAOs here:

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**2B. Previous Goals:** 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.

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**2C. New Objectives:** Please list any new objectives; do not list resource requests in this section.

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| --- | --- | --- | --- |
| **Objective** | **Timeline** | **Measure of Progress** | **Which SAO is Supported?** |
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**2D. 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.

**2E. Support:** Please provide examples of how your program objectives support the EMP goals.

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**2F. 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** |
|  |  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  | [ ]  |

**2G. 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** |
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**2H. Review:** 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.

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| **SECTION 3: PROGRAM SUMMARY** |

**3A. Prior Feedback:** Address the concerns or recommendations made in prior program review cycles, including any feedback from the Dean/VP, Program Review Committee, etc.

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| --- | --- |
| **Concern/Recommendation** | **Comments** |
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**3B. Summary:** What else would you like to highlight about your program (e.g. innovative initiatives, collaborations, community service/outreach projects, etc.)?

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| **SECTION 4: LEARNING OUTCOMES ASSESSMENT SUMMARY** |

**4A. 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.

**4B. 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.

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| **SECTION 5: FEEDBACK AND FOLLOW-UP** |

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

**5A. Strengths and successes of the program as evidenced by the data and analysis:**

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**5B. Areas of concern, if any:**

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**5C. Recommendations for improvement:**

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**5D. 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.**

**5E. Strengths and successes of the program as evidenced by the data and analysis:**

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| --- |
|  |

**5F. Areas of concern, if any:**

|  |
| --- |
|  |

**5G. Recommendations for improvement:**

|  |
| --- |
|  |

**5H. Recommended Next Steps:**

**[ ]** Proceed as Planned on Program Review Schedule

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

*Upon completion of Section 5, 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.*