

# **Program Review Self Study**

for

## **Monterey Peninsula College Academic Affairs**

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-

**Program Review Calendar**

Programs not undergoing Program Review complete the annual program review report and Action Plan documents that serve to drive the forthcoming budget as well as those undergoing review.

|                  |                            |  |  |
|------------------|----------------------------|--|--|
| <b>2009-2010</b> | <b>Life Science</b>        | 1. Division Office<br>2. Anatomy and Physiology<br>3. Biology<br>4. Health<br>5. Dental Assisting<br>6. Medical Assisting<br>7. Family and Consumer Sciences: Fashion, Hospitality, Interior Design, Human Services, Nutrition | 8. Ornamental Horticulture<br>9. Administration of Justice<br>10. Auto Technology<br>11. Aviation<br>12. Marine Science and Technology |
|                  | <b>Library</b>             |  |  |
| <b>2010-2011</b> | <b>Physical Education</b>  | 1. Division Office<br>2. Dance<br>3. Physical Education  | 4. Massage Therapy<br>5. Physical Fitness<br>6. Adapted P.E.   |
| <b>2011-2012</b> | <b>Physical Science</b>    | 1. Division Office<br>2. Chemistry<br>3. Earth Sciences: Oceanography and Geology  | 4. Engineering, Physics & Astronomy<br>5. Mathematics  |
|                  | <b>Creative Arts</b>       | 1. Division Office<br>2. Art<br>3. Theater Arts  | 4. Music<br>5. Photography   |
| <b>2012-2013</b> | <b>Social Science</b>      | 1. Division Office<br>2. Anthropology<br>3. Child Development<br>4. Economics<br>5. Education<br>6. Ethnic Studies<br>7. Gertrain  | 9. Geography<br>10. History<br>11. Political Science<br>12. Psychology<br>13. Sociology<br>14. Women's Studies                         |
|                  | <b>Business/Technology</b> | 1. Division Office<br>2. Business Skills<br>3. Computer Science & Information Systems  | 4. Business<br>5. Cooperative Work Experience<br>6. Real Estate  |
| <b>2013-2014</b> | <b>Humanities</b>          | 1. Division Office<br>2. English<br>3. ESL<br>4. Humanities<br>5. English and Study Skills Center  | 6. Linguistics<br>7. Philosophy<br>8. Reading Center<br>9. Speech Communication<br>10. World Languages                                 |
|                  | <b>Nursing</b>             |  |  |

## **Introduction to Program Review in Academic Affairs**

The purpose of academic program review at MPC is to evaluate all existing instructional programs and services of the college in order to assure their quality, vitality, and responsiveness. Program review is a process that provides an opportunity to look constructively at programs and services with an eye toward improving them and making effective and efficient use of resources. Program Review is also an essential element of the planning and budgeting process. The Academic Senate for the California community colleges stresses the need to link the process of review to college-wide planning and budgeting.

In addition, there are external requirements for program review. The Education Code requires a program review of all occupational programs to assure that each program meets a documented labor market demand, does not represent unnecessary duplication of other manpower training programs in the area, and is of demonstrated effectiveness as measured by program completion and employment.

Title 5 requires that all advisories and prerequisites be reviewed at least every six years. Four-year colleges and universities, however, require more frequent updating of course outlines for articulation purposes.

The Accrediting Commission for Community and Junior Colleges addresses program review through the accreditation renewal process. The Commission identifies program review of all courses and programs in its April 2003 edition of Accreditation Notes as an “ongoing systematic review of their relevance, appropriateness, achievement of student learning outcomes, currency, and future needs and plans.”

### **Definition of Program**

For the purpose of the academic program review, a “program” is defined as a budget cost center or a combination of related cost centers. Programs include instructional disciplines, academic support services, and academic administrative offices.

### **Review Timeline\***

#### **Prior Academic Year (December-July)**

*December* – Identify the Support Team and make its composition known to the division/program prior to the start of their formal self study process.

*February* – The Support Team meets with the division/program to outline the process and expectations. The division/program starts identifying and/or analyzing information pertinent to the self-study. The Curriculum Review Process also begins and runs parallel to the self study. The Support Team will meet with the program as needed in order to assist in the development of the final report and to give guidance when needed.

## **Study Year (July-May)**

*November 1st* – Division Chair submits draft self study documents to the program faculty and to the Support Team for review and comments.

*December 1st* – Division Chair submits final document to the Support Team for a second reading.

*March 1st* – Support team produces a summary of the division/program self study and shares that summary with the division/program, then with AAAG. The Vice President for Academic Affairs takes the summary and a copy of the self study to the College Council. Curriculum Review documents are due in the Dean's office at this time.

*May* – Vice President of Academic Affairs prepares the summary to the Board of Trustees.

# Academic Affairs Program Review Self Study

|                  |  |
|------------------|--|
| Name of Program: |  |
|------------------|--|

## 1. Mission

- a. College Mission: *“Monterey Peninsula College is committed to fostering student learning and success by providing excellence in instructional programs, facilities, and services to support the goals of students pursuing transfer, career, basic skills, and life-long learning opportunities. Through these efforts MPC seeks to enhance the intellectual, cultural, and economic vitality of our diverse community.”*

Check the boxes which best describe how your program supports the college’s mission.

- Transfer to a four-year university
  - Courses meet MPC AA/AS GE requirements
  - Courses meet IGETC/CSU GE requirements
  - Program supports four-year lower division requirements
- Develops occupational skills
  - Program offers MPC Certificate and/or degree
  - Program influenced by advisory committee reports/recommendations
  - Program need evident through labor market information
- Supports students’ development of basic skills
- Supports life-long learning

- b. Program Mission: What is your program’s mission statement? Please explain how the program’s mission relates to the mission of MPC.

|   |  |
|---|--|
| Program mission                           |  |
| Mission’s relationship to college mission |  |

- c. PROGRAM IMPROVEMENT PLAN: Identify any plans your program has to change or revise its mission.

|      |  |
|------|--|
| Plan |  |
|------|--|

## 2. Course Offerings and Scheduling

- a. Printed below are the courses contained in the MPC catalog, the frequency of these offerings, and the number of sections offered for the past five years. Provide a brief narrative explaining what this information indicates about the health of the program and how the program meets its mission.

| Courses          | Fall 09 | Spr 10 | Sum 10 | Fall 10 | Spr 11 | Sum 11 | Fall 11 | Spr 12 | Sum 12 | Fall 12 | Spr 13 | Sum 13 | Fall 13 | Spr 14 | Sum 14 |
|------------------|---------|--------|--------|---------|--------|--------|---------|--------|--------|---------|--------|--------|---------|--------|--------|
|                  |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |
|                  |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |
|                  |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |
|                  |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |
|                  |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |
|                  |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |
|                  |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |
| <b>TOTALS</b>    |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |
| <b>Comments:</b> |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |

**b. Comment on the scheduling of your courses or delivery of services as they apply to your program.**

|                  |  |
|------------------|--|
| <b>Comments:</b> |  |
|------------------|--|

**c. If your program offers one or more majors or certificates, can a student complete the majors or certificates in the amount of time published in the catalog?**

- Yes.  
 No. If no, please explain.

|                  |  |
|------------------|--|
| <b>Comments:</b> |  |
|------------------|--|

**d. Does the scheduling pattern you use meet the diverse needs of students?**

- Yes.  
 No.

How do you know? Please comment.

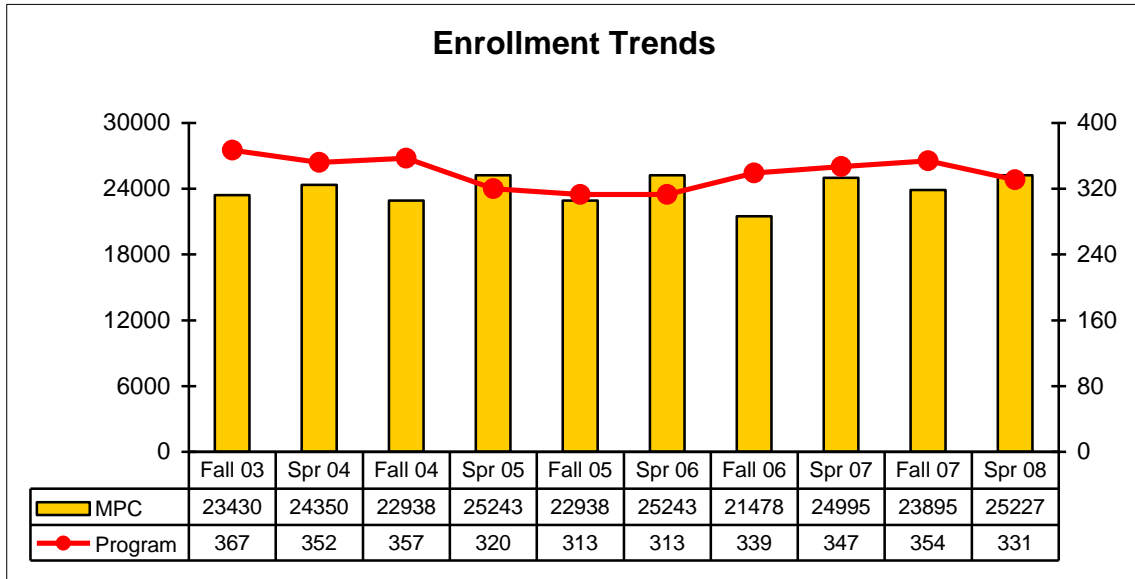
|                  |  |
|------------------|--|
| <b>Comments:</b> |  |
|------------------|--|

**e. PROGRAM IMPROVEMENT PLAN: Identify any plans your program has to:**

| Identify any plans your program has to:   | Details |
|---|---------|
| <input type="checkbox"/> Add courses to catalog.  |         |
| <input type="checkbox"/> Delete courses from catalog.   |         |
| <input type="checkbox"/> Revise scheduling of courses.  |         |
| <input type="checkbox"/> Provide other avenues for course offerings (distance ed, late start classes, off-campus, etc.) |         |
| <input type="checkbox"/> Other  |         |

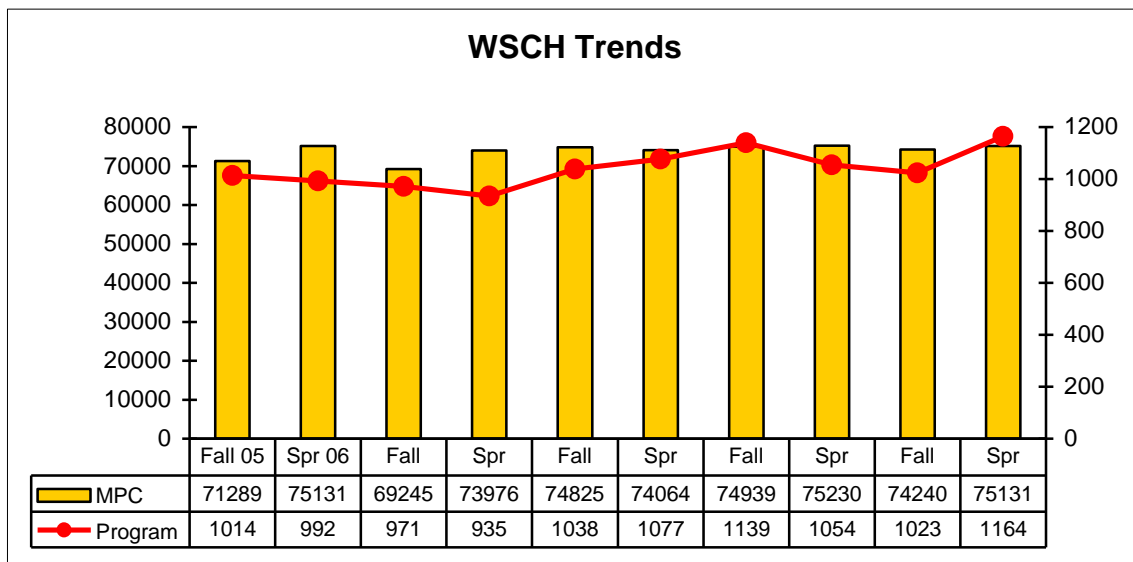
### 3. Program Vitality

- a. Printed are 5 year enrollment trends for this program and for the college. Explain significant increases or decreases in your program in relation to the college.



**Comments:**

- b. Printed are the WSCH (Weekly Student Contact Hours) for the college and your program over the past 5 years. Comment on any fluctuations that may have occurred to explain any differences.



**Comments:**

- c. Printed are the FTES and FTE for your program, as well as the college's and your program's ratios between FTES and FTE. Comment on any fluctuations that may have occurred.

|                  | Fall | Spr | Fall | Spr | Fall | Spr | Fall | Spr | Fall | Spr |
|------------------|------|-----|------|-----|------|-----|------|-----|------|-----|
| FTES – Credit    |      |     |      |     |      |     |      |     |      |     |
| FTES – Noncredit |      |     |      |     |      |     |      |     |      |     |
| FTE – Full-time  |      |     |      |     |      |     |      |     |      |     |
| FTE – Adjunct    |      |     |      |     |      |     |      |     |      |     |
| Program FTES/FTE |      |     |      |     |      |     |      |     |      |     |

**Comments:**

- d. Printed are the gender and ethnicity percentages of this program and the college for the last three academic years. Address any significant differences between your program and the college.

|         | Fall __ |   | Spr __ |   | Fall __ |   | Spr __ |   | Fall __ |   | Spr __ |   |
|---------|---------|---|--------|---|---------|---|--------|---|---------|---|--------|---|
|         | M       | F | M      | F | M       | F | M      | F | M       | F | M      | F |
| MPC     |         |   |        |   |         |   |        |   |         |   |        |   |
| Program |         |   |        |   |         |   |        |   |         |   |        |   |

|         | F __ |     | S __ |     | F __ |     | S __ |     | F __ |     | S __ |     |
|---------|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|
|         | MPC  | Pr. | MPC  | Pr. | MPC  | Pr. | MPC  | Pr. | MPC  | Pr. | MPC  | Pr. |
| White   |      |     |      |     |      |     |      |     |      |     |      |     |
| AfAm    |      |     |      |     |      |     |      |     |      |     |      |     |
| Asian*  |      |     |      |     |      |     |      |     |      |     |      |     |
| Latino  |      |     |      |     |      |     |      |     |      |     |      |     |
| Other   |      |     |      |     |      |     |      |     |      |     |      |     |
| Decline |      |     |      |     |      |     |      |     |      |     |      |     |

**Comments:**

- e. Explain how external factors (e.g. state budget, local economy, local job market, Education Center at Marina, changes in technology, similar program or service at neighboring institutions) influence your program, and describe any measures that have been taken to respond to these factors.

**External factors**

- f. Describe how your program coordinates with other programs on campus and how improved coordination could enhance institutional effectiveness.

**Program coordination**

- g. Describe your program’s involvement with the community through recruitment, articulation, partnerships, facilitation of advisory committee meetings and/or collaboration with business, government, private agencies, or educational institutions.

**Community involvement**

- h. If there are any other measures or considerations you would like to include regarding your program’s vitality, please explain.

|                      |  |
|----------------------|--|
| Other considerations |  |
|----------------------|--|

**i. PROGRAM IMPROVEMENT PLAN (If any boxes checked, describe plans):**

| Identify any plans your program has to:                                      | Details |
|--|---------|
| <input type="checkbox"/> Improve overall enrollment.                         |         |
| <input type="checkbox"/> Improve FTES/FTE ratio.                             |         |
| <input type="checkbox"/> Improve ratio of full-time to adjunct FTE.          |         |
| <input type="checkbox"/> Increase enrollment of underrepresented groups.     |         |
| <input type="checkbox"/> Improve coordination with other programs on campus. |         |
| <input type="checkbox"/> Improve involvement with the community.             |         |
| <input type="checkbox"/> Other   |         |

**4. Student Learning**

**a. What delivery modes are used in your program?**

- Traditional classroom
- Distance learning
- Lab
- Other:

**b. Indicate how often your faculty and staff refer students to the following services. (Completing the Faculty/Staff Satisfaction survey will provide data for this question.)**

|   | Often | Sometimes | Rarely | Never |
|---|-------|-----------|--------|-------|
| Academic Support Center (Tutoring)              |       |           |        |       |
| Admissions & Records                            |       |           |        |       |
| Assessment Center (for ENGL/ESL/MATH placement) |       |           |        |       |
| Business Skills Center                          |       |           |        |       |
| Counseling                                      |       |           |        |       |
| English & Study Skills Center                   |       |           |        |       |
| Information Services (College Center)           |       |           |        |       |
| Library & Technology Center                     |       |           |        |       |
| Math Lab  |       |           |        |       |
| Reading Center                                  |       |           |        |       |
| Supportive Services & Instruction               |       |           |        |       |
| Career/Transfer Center                          |       |           |        |       |
| Child Development Center                        |       |           |        |       |
| Cooperative Work Experience                     |       |           |        |       |

|   |  |  |  |  |
|---|--|--|--|--|
| Extended Opportunity Programs & Services (EOPS) |  |  |  |  |
| Job Placement                                   |  |  |  |  |
| Student Financial Services                      |  |  |  |  |
| Student Health/Psychological Services           |  |  |  |  |
| Women's Programs/Re-Entry & Cultural Center     |  |  |  |  |
| Other:  |  |  |  |  |

**c. Student Learning Outcomes and Assessment**

**i. Have SLOs been created for all courses, certificates, and degrees in your program? Check all that apply.**

SLOs have been created for all COURSES. If this box is not checked, please list all courses for which SLOs have not been developed.

|                                |  |
|--------------------------------|--|
| <b>Courses in need of SLOs</b> |  |
|--------------------------------|--|

CERTIFICATES. Please list specific certificates offered through your program and their respective SLOs.

| Certificates | SLOs |
|--------------|------|
|              |      |

CTE MAJOR(S). Please list your program's CTE major(s) along with their respective SLOs.

| CTE Major | SLOs |
|-----------|------|
|           |      |

**ii. After reviewing "Instructor Reflections" and each semester's "Program Reflections" forms, summarize what changes occurred as a result of the continuous dialogues.**

|                            |  |
|----------------------------|--|
| <b>Reflections summary</b> |  |
|----------------------------|--|

**iii. If there is a sequence of courses in your program, what process or framework is used to ensure alignment within sequence of course?**

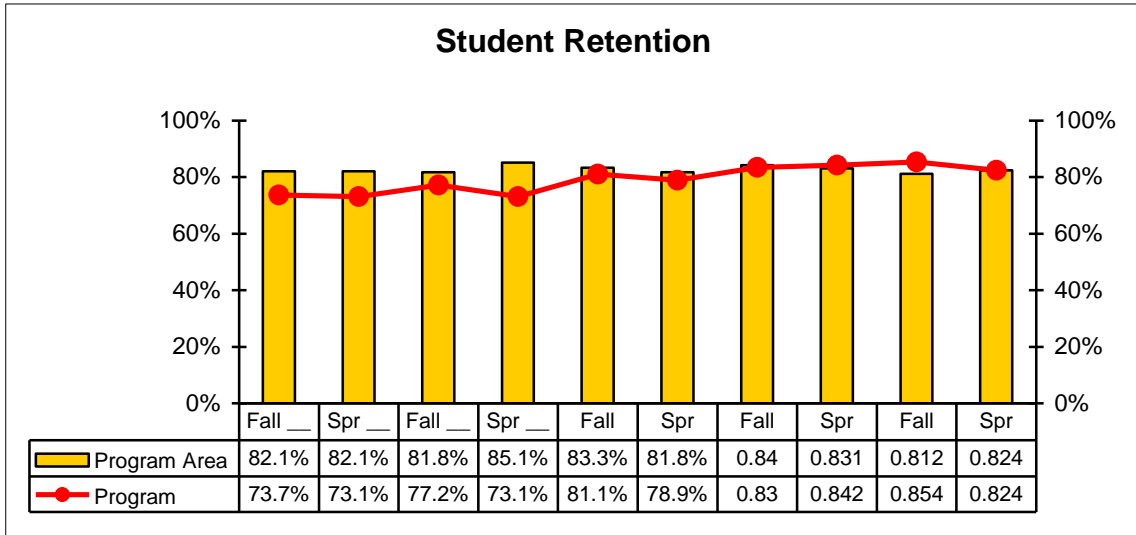
|                                 |  |
|---------------------------------|--|
| <b>Course alignment process</b> |  |
|---------------------------------|--|

**iv. How is consistency maintained between multiple sections of single courses?**

|                    |  |
|--------------------|--|
| <b>Consistency</b> |  |
|--------------------|--|

**d. Student Achievement**

- i. Printed are the retention rates for the program area (GE/transfer, CTE, or basic skills) and program over the last 5 years. Discuss similarities and differences between the program's and college's rates.



|                 |  |
|-----------------|--|
| <b>Comments</b> |  |
|-----------------|--|

- ii. Printed are the success rates (passing grades) for the college and program over the last 5 years. Discuss similarities and differences between the program's and college's rates.

|                 | # Success | # Non-Succ. | # Withdrawn | Totals | % Success | % Non-Succ. | % Withdrawn |
|-----------------|-----------|-------------|-------------|--------|-----------|-------------|-------------|
| <b>MPC</b>      |           |             |             |        |           |             |             |
| <b>Program</b>  |           |             |             |        |           |             |             |
| <b>Comments</b> |           |             |             |        |           |             |             |

- iii. Printed are the retention and success rates by age, gender, and ethnicity over the last 5 years. Address any significant differences in performance among ethnic, age, or gender groups.

|  | # Success | # Non-Succ. | # Withdrawn | Totals | % Success | % Non-Succ. | % Withdrawn |
|--|-----------|-------------|-------------|--------|-----------|-------------|-------------|
| <b>Program's Students by Ethnicity</b> |           |             |             |        |           |             |             |
| African-American                       |           |             |             |        |           |             |             |
| Asian                                  |           |             |             |        |           |             |             |
| Caucasian                              |           |             |             |        |           |             |             |
| Hispanic                               |           |             |             |        |           |             |             |
| American Indian                        |           |             |             |        |           |             |             |
| Other                                  |           |             |             |        |           |             |             |
| Totals                                 |           |             |             |        |           |             |             |
| <b>Program's Students by</b>           |           |             |             |        |           |             |             |

|                                   |  |  |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|--|
| <b>Gender:</b>                    |  |  |  |  |  |  |  |
| Male                              |  |  |  |  |  |  |  |
| Female                            |  |  |  |  |  |  |  |
| Total                             |  |  |  |  |  |  |  |
| <b>Program's Students by Age:</b> |  |  |  |  |  |  |  |
| Under 18                          |  |  |  |  |  |  |  |
| 18-25                             |  |  |  |  |  |  |  |
| 25-45                             |  |  |  |  |  |  |  |
| Over 45                           |  |  |  |  |  |  |  |
| <b>Comments</b>                   |  |  |  |  |  |  |  |

iv. Describe factors that may hinder students from successfully completing courses and/or certificates associated with your program. If applicable, what strategies has your program implemented to address these barriers? Have these strategies been successful?

|                 |  |
|-----------------|--|
| <b>Comments</b> |  |
|-----------------|--|

v. If the program offers both traditional and distance education courses, compare the retention and success rates of these sections with on-campus sections of the same course(s).

| Course          | Type of Section | Retention Rates | Success Rates |
|-----------------|-----------------|-----------------|---------------|
|                 |                 |                 |               |
|                 |                 |                 |               |
|                 |                 |                 |               |
|                 |                 |                 |               |
| <b>Comments</b> |                 |                 |               |

vi. If your program is an occupational program, discuss the following:

|  |  |
|--|--|
| <b>Percent of program completers since the last program review</b> |  |
| <b>Number of certificates and degrees awarded</b>                  |  |
| <b>Job placement rates</b>   |  |

e. What facilities/equipment/supplies changes have occurred since the last program review? How have these changes affected instruction and/or student learning?

|                 |  |
|-----------------|--|
| <b>Comments</b> |  |
|-----------------|--|

f. If there are any other measures or considerations you would like to include regarding student learning, please explain.

|          |  |
|----------|--|
| Comments |  |
|----------|--|

**g. PROGRAM IMPROVEMENT PLAN: Check the appropriate box(es), identifying any plans your program has to improve instruction, processes, and/or student learning.**

| Identify any plans your program has to:   | Details |
|---|---------|
| <input type="checkbox"/> Complete and/or revise SLOs for courses, certificates, and/or degrees. |         |
| <input type="checkbox"/> Change status of one or more courses in specific GE requirement areas. |         |
| <input type="checkbox"/> Improve student attainment of SLOs or objectives that support them.    |         |
| <input type="checkbox"/> Improve consistency among multiple sections.                           |         |
| <input type="checkbox"/> Improve alignment among sequences of courses.                          |         |
| <input type="checkbox"/> Improve retention rates.   |         |
| <input type="checkbox"/> Improve success rates.   |         |
| <input type="checkbox"/> Support student equity.  |         |
| <input type="checkbox"/> Improve facilities or equipment.                                       |         |
| <input type="checkbox"/> Increase or reduce supplies.   |         |

## 5. Staffing

**a. Describe your faculty and staff's workload.**

|  |
|--|
|  |
|--|

**b. Describe your faculty and staff's recent staff development activities.**

|  |
|--|
|  |
|--|

**c. Complete the Faculty and Staff Satisfaction Survey. Discuss your findings from this survey.**

|  |
|--|
|  |
|--|

**d. Discuss the adequacy of your staffing to meet your program's mission.**

|  |
|--|
|  |
|--|

**e. PROGRAM IMPROVEMENT PLAN:**

| Identify any plans your program has to:                          | Details |
|--|---------|
| <input type="checkbox"/> Take steps to improve faculty and staff |         |

|                          |  |  |
|--------------------------|--|--|
|                          | satisfaction.  |  |
| <input type="checkbox"/> | Seek out opportunities for training and development. |  |
| <input type="checkbox"/> | Adjust staffing to meet program's mission.           |  |

## 6. Summary

Summarize and prioritize the PROGRAM IMPROVEMENT PLANS for improving or maintaining the quality of your program area. Include rationale for any plan. Distinguish between budget-dependent and budget-independent items.

For the “rationale” column, indicate whether the PIP item is intended to improve one or more of the following:

- Program’s mission
- Course offerings and scheduling
- Program vitality
- Attainment of SLOs or the objectives that support them
- Student achievement
- Staffing issues

### Budget Dependent

| Priority | PIP Item | Rationale | Timeline | Responsible Person | Cost |
|----------|----------|-----------|----------|--------------------|------|
|          |          |           |          |                    |      |
|          |          |           |          |                    |      |
|          |          |           |          |                    |      |
|          |          |           |          |                    |      |
|          |          |           |          |                    |      |

### Budget Independent

| PIP Item | Rationale | Timeline | Responsible Person |
|----------|-----------|----------|--------------------|
|          |           |          |                    |
|          |           |          |                    |
|          |           |          |                    |
|          |           |          |                    |

## Academic Affairs Program Review – Annual Report Form

**Date:**

**Program:**

**Prepared by:**

1. Select one of the abbreviations that best describes the status of each action plan item described in your most recent program review: “C” means completed; “IP”, in progress; “D”, deleted, “A”, added, “NM”, no money.
2. Please provide rationale for additions and deletions.
3. List in order of priority.

**Budget-Dependent Items**

| Status (C,IP,D,A, NM)) | Action Item | Timeline | Person(s) Assigned | Amount |
|------------------------|-------------|----------|--------------------|--------|
|                        |             |          |                    |        |
|                        |             |          |                    |        |
|                        |             |          |                    |        |
|                        |             |          |                    |        |
|                        |             |          |                    |        |
|                        |             |          |                    |        |
|                        |             |          |                    |        |
|                        |             |          |                    |        |

**Rationale for Additions or Deletions:**

**Non Budget-Dependent Items**

| Status (C,IP,D,A) | Action Item | Timeline | Person(s) Assigned |
|-------------------|-------------|----------|--------------------|
|-------------------|-------------|----------|--------------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Rationale for Additions or Deletions:**

## Academic Affairs Program Review Self Study

|                         |  |
|-------------------------|--|
| <b>Division Office:</b> |  |
|-------------------------|--|

### 1. Mission

**College Mission:** *“Monterey Peninsula College is committed to fostering student learning and success by providing excellence in instructional programs, facilities, and services to support the goals of students pursuing transfer, career, basic skills, and life-long learning opportunities. Through these efforts MPC seeks to enhance the intellectual, cultural, and economic vitality of our diverse community.”*

- a. **Program Mission:** What is your division office’s mission statement? Please explain how the division office’s mission relates to the mission of MPC.

|  |  |
|--|--|
| <b>Division Office mission</b>                   |  |
| <b>Mission’s relationship to college mission</b> |  |

2. **Scheduling:** Describe the scheduling of your services. How does your office meet the needs of daytime, evening, online, and/or weekend instructors?

|                  |  |
|------------------|--|
| <b>Comments:</b> |  |
|------------------|--|

### 3. Student Focus

- a. How does your office meet the diverse needs of students?

|                  |  |
|------------------|--|
| <b>Comments:</b> |  |
|------------------|--|

- b. Indicate how often your faculty and staff refer students to the following services. (Completing the Faculty/Staff Satisfaction survey will provide data for this question.)

|   | Often | Sometimes | Rarely | Never |
|---|-------|-----------|--------|-------|
| Academic Support Center (Tutoring)              |       |           |        |       |
| Admissions & Records                            |       |           |        |       |
| Assessment Center (for ENGL/ESL/MATH placement) |       |           |        |       |
| Business Skills Center                          |       |           |        |       |
| Counseling                                      |       |           |        |       |
| English & Study Skills Center                   |       |           |        |       |
| Information Services (College Center)           |       |           |        |       |
| Library & Technology Center                     |       |           |        |       |
| Math Lab  |       |           |        |       |
| Reading Center                                  |       |           |        |       |
| Supportive Services & Instruction               |       |           |        |       |

|   |  |  |  |  |
|---|--|--|--|--|
| Career/Transfer Center                          |  |  |  |  |
| Child Development Center                        |  |  |  |  |
| Cooperative Work Experience                     |  |  |  |  |
| Extended Opportunity Programs & Services (EOPS) |  |  |  |  |
| Job Placement                                   |  |  |  |  |
| Student Financial Services                      |  |  |  |  |
| Student Health/Psychological Services           |  |  |  |  |
| Women's Programs/Re-Entry & Cultural Center     |  |  |  |  |
| Other:  |  |  |  |  |

**c. In what ways does your office support student learning?**

|                 |  |
|-----------------|--|
| <b>Comments</b> |  |
|-----------------|--|

**d. Are students satisfied with your office's services? How do you measure student satisfaction?**

|                 |  |
|-----------------|--|
| <b>Comments</b> |  |
|-----------------|--|

**4. Office Needs: Does your office have specific facilities/equipment/supplies needs that are not currently being met? If so, please describe.**

|                 |  |
|-----------------|--|
| <b>Comments</b> |  |
|-----------------|--|

**5. Staffing**

**a. Describe your faculty and staff's workload.**

|  |
|--|
|  |
|--|

**b. Describe your faculty and staff's recent staff development activities.**

|  |
|--|
|  |
|--|

**c. Complete the Faculty and Staff Satisfaction Survey. Discuss your findings from this survey.**

|  |
|--|
|  |
|--|

**d. Discuss the adequacy of your staffing to meet your division office's mission.**

|  |
|--|
|  |
|--|

**e. PROGRAM IMPROVEMENT PLAN:**

| Identify any plans your program has to:      | Details |
|--|---------|
| <input type="checkbox"/> Revise its mission. |         |



## Academic Affairs Program Review Self Study Support Team Review Form

|                             |  |
|-----------------------------|--|
| <b>Name of Program:</b>     |  |
| <b>Support Team Member:</b> |  |

### 1. Mission

|   | Comments |
|---|----------|
| a. Does the program support the mission of the college?                     |          |
| b. Is the program's mission appropriate?                                    |          |
| c. If the program plans to revise its mission, is the revision appropriate? |          |

### 2. Course Offerings and Scheduling

|   | Comments |
|---|----------|
| a. Given the data, do the course offerings appear sufficient for the program?   |          |
| b. Does the scheduling of classes appear to be appropriate for the program?   |          |
| c. Does the Program Improvement Plan appear appropriate? Do you have any suggestions to improve course offerings or scheduling of courses to enhance the program? |          |

### 3. Program Vitality

|  | Comments |
|--|----------|
| a. Does the data reflect any trends that writers of the self study did not indicate? |          |
| b. Review the Program Improvement Plan. Does it take into account the data and       |          |

|  |  |
|--|--|
| comments described in the program profile? |  |
|--|--|

#### 4. Student Learning

|   | Comments |
|---|----------|
| a. Does the data reflect any trends the writers of the self study did not indicate?   |          |
| b. Does the program have specific equipment and supply needs?   |          |
| c. Review the Program Improvement Plan. Does it seem reasonable, given the data and comments described in the student learning section? |          |

#### 5. Staffing

|   | Comments |
|---|----------|
| a. Is the program's staffing sufficient?  |          |
| b. Does the faculty and staff survey suggest any issues the program should consider in its self study that are not currently described? |          |
| c. Review the Program Improvement Plan. Does it seem reasonable, given the data and comments described in the staffing section?         |          |

#### 6. Summary

|   | Comments |
|---|----------|
| a. Does the prioritization of the PIPs seem reasonable given the needs and challenges faced by the program?             |          |
| b. Are the PIPs appropriately aligned with the college's mission?   |          |
| c. Does the timeline for the achievement of each PIP seem reasonable given its magnitude and the financial state of the |          |

|   |  |
|---|--|
| <b>college?</b>   |  |
| <b>d. Is the person or persons assigned to be responsible for the PIP appropriate? Does each person have the appropriate authority and time to complete the assigned PIP?</b> |  |
| <b>e. Is the improvement of student learning a driving force behind each of the PIPs?</b>   |  |

|  |
|--|
| <b>7. What do you perceive are the strengths of this program?</b>  |
|  |
| <b>8. What do you perceive are the most notable challenges faced by this program?</b>                    |
|  |
| <b>9. Do you perceive any program weaknesses that are not addressed in the Program Improvement Plan?</b> |
|  |
| <b>10. Do you have any recommendations?</b>  |
|  |
| <b>11. Are there any overarching issues relevant to the entire college?</b>                              |
|  |

## Instructor Reflections on Student Learning

To be completed each semester by each instructional faculty member

### Directions

#### **At the beginning of the Semester**

1. Meet with your department or group to choose at least one SLO or supporting objective for at least one of your courses to focus on for the semester.
2. Each department or group must choose to focus on GEOs (General Education Outcomes) at least twice during a program review cycle, if the department or group teaches GE courses.

#### **During the Semester**

3. Evaluate the student attainment of your chosen SLO(s) or supporting objective(s).

#### **Near the end of or shortly after the semester**

4. Reflect on the results and think about ways to improve the student learning related to the outcome(s) or objective(s).
5. Record your thoughts on this form in preparation for meeting with your department or group.
6. Keep this form for your records after your meeting with your department or group.
7. Proceed to the "Program Reflections on Student Learning".

|  |                          |      |
|--|--------------------------|------|
| Instructor Name  | Department or Group name |      |
|  |                          |      |
| Course Name and Number   | Semester                 | Date |
|  |                          |      |
| Course SLOs or supporting objectives (one or more) to be evaluated this semester |                          |      |
|  |                          |      |
| Evaluation Methods for the SLO(s) or Supporting Objective(s)                     |                          |      |
|  |                          |      |
| Brief summary of evaluation results  |                          |      |
|  |                          |      |
| How do you plan to use the evaluation results to improve student learning.       |                          |      |
|  |                          |      |

# Program Reflections on Student Learning

To be completed each semester by each department or group within each division or area.

## Directions

### **Near the end of or shortly after the semester**

1. Meet with your department or group and discuss the student attainment of SLOs or supporting objectives as well as plans for the improvement of student learning.
2. Record the results on the “Program Reflections on Student Learning” Form.
3. Include all forms in the Program Review package.

| Department or Group Name  | Semester  | Date |
|---|---|------|
|   |   |      |
| Department or Group Members Present   | Principle SLOs or Supporting Objectives Discussed |      |
|   |   |      |
| Summary of Department or Group Discussion about Student Learning  |   |      |
|   |   |      |
| Description of action plans resulting from the analysis of student attainment of SLOs or supporting objectives (budget dependent or non-budget dependent) |   |      |
|   |   |      |

## **Faculty and Staff Survey**

To glean information regarding faculty and staff perceptions of facilities, equipment, student services, support provided through the division office and other areas on campus, it is advisable to design, disseminate, and analyze results of a faculty and staff survey. A sample survey is available along with this program review self study document. Surveys can be designed through Survey Monkey with the assistance of the Institutional Research Office.