**Basic Program Information**

**Department Name:**

**Division Name:**

**Program Mission(s):**

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

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

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

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

**Section 1: Data and Trend Analysis**

Provide a short narrative analysis of the following indicators. Please attach supporting studies or data to the final program review submitted to your Dean/Director.

1. **Students served** (How was this tracked? What is the trend over the last 3 years?):

This data was obtained via the following sources:

\_\_\_\_\_\_ CCC Apply

\_\_\_\_\_\_ Ask Foothill

\_\_\_\_\_\_ Credentials

\_\_\_\_\_ SARS

\_\_\_\_\_ Other (List)\_\_\_\_\_\_\_\_\_

1. **Demographics analysis:** (example: Is the ethnic breakdown of students you serve proportional to the general college ethnic distribution?) If not, please include possible explanations for the disparity.

1. Please describe services offered off campus and how the effectiveness of these services is assessed.

Data for this area is based on services offered at the following locations:

* 1. \_\_\_\_\_ Middlefield
  2. \_\_\_\_\_ CCOC
  3. \_\_\_\_\_ Other (List)

1. **Staffing structure:** Does the staffing structure meet the program or department’s needs?

**Section 2: Core Mission Support and Student Equity**

**The College’s Core Missions are reflected below. Please respond to each mission using the prompts below.**

a. **Basic Skills**

How does your service area support the basic skills needs students or programs? Please discuss current outcomes or initiatives related to this core mission and how those initiatives contribute to student equity and success in this core mission area.

b. **Transfer**

How does your service area support the transfer needs of students or programs? Please discuss current outcomes or initiatives related to this core mission and how those initiatives contribute to student equity and success in this core mission area.

c. **Workforce**

How does your service area support the workforce needs of students or CTE programs? Please discuss current outcomes or initiatives related to this core mission and how those initiatives contribute to student equity and success in this core mission area.

**Section 3: Learning Outcomes Assessment Summary**

a. **Attach 2012-2013 Program Level SA- SLO** – Four Column Report for PL-SLO Assessment from TracDat, please contact the Office of Instruction to assist you with this step if needed.

**Section 4: SLO Assessment and Reflection**

**Based on your assessment data and reflections, please respond to the following prompts.**

1. How do the objectives and outcomes in your service area relate to the program-level student learning outcomes and to the college mission?
2. If your service area has other outcomes assessments at the program level, comment on the findings.
3. How has your service area engaged in dialogue about student learning outcomes?

**Section 5: Service/Program Goals and Rationale**

**Program goals address broad issues and concerns that incorporate some sort of measurable action and connect to Foothill’s core missions,** [**Educational & Strategic Master Plan (ESMP)**](http://www.foothill.edu/staff/irs/ESMP/index.php)**, the division plan, and SLOs. Goals are not resource requests.**

a. **List Previous Program Goals from last academic year:** check the appropriate status box & provide explanation in the comment box

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal** | **Completed? (Y/N)** | **In Progress? (Y/N)** | **Comment on Status** |
| **1.** |  |  |  |
|  |  |  |  |
|  |  |  |  |

b. **New Goals**: Goals can be multi-year (in Section 6 you will detail resources needed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal/Outcome (This is NOT a resource request)** | **Timeline (long/short-term)** | **How will this goal improve student success or respond to other key college initiatives?** | **How will progress toward this goal be measured?** |
| **1.** |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 6: Service/Program Resources and Support**

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

**Full Time Faculty and/or Staff Positions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **$ Amount** | **Related Goal from Table in section 5 and how this resource request supports this goal.** | **Was position previously approved in last 3 years? (y/n)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Unbudgeted Reassigned Time** (calculate by % reassign time x salary/benefits of FT)

|  |  |
| --- | --- |
| **Has the program received college funding for reassign time in the last three years? (y/n)** | **If yes, indicate percent of time.** |
| **Has the program used division or department B-budget to fund reassign time? (y/n)** |  |

**Indicate duties covered by requested reassign time:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Responsibility** | | **Estimated $** | **Related Goal from Table in section 5 and how this resource request supports this goal.** | **Est hours per month** | **% Time** |
|  |  |  |  |  |
|  |  |  |  |  |

**One Time B Budget Augmentation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **$ Amount** | **Related Goal from Table in section 5 and how this resource request supports this goal.** | **Previously funded in last 3 years? (y/n)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Ongoing B Budget Augmentation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **$ Amount** | **Related Goal from Table in section 5 and how this resource request supports this goal.** | **Previously funded in last 3 years? (y/n)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Facilities and Equipment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Facilities/Equipment Description** | **$ Amount** | **Related Goal from Table in section 5 and how this resource request supports this goal.** | **Previously funded in last 3 years? (y/n)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***IF THIS SERVICE AREA DOES NOT HAVE AN INSTRUCTIONAL COMPONENT/OFFER DEGREES, PLEASE STOP HERE AND CONTINUE TO SECTION 11.***

**Section 7: Data and Trend Analysis**

List all Programs\* covered by this review & check the appropriate column for program type:

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Name** | **Certificate of Achievement Program** | **Associate Degree Program** | **Pathway Program** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*If you have a supporting program or pathway in your area for which you will be making resource requests, please analyze it within this program review (i.e. Integrated Reading and Writing, Math My Way, etc.) You will only need to address those data elements that apply.

a. Program Data:

Data will be posted on <http://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 Programs** | **2010-2011** | **2011-2012** | **2012-2013** | **% Change** |
|  |  |  |  |  |
|  |  |  |  |  |

b. Department Level Data

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2010-2011** | **2011-2012** | **2012-2013** | **% Change** |
| **Enrollment** |  |  |  |  |
| **Productivity**  **(College Goal 2012-13: 535)** |  |  |  |  |
| **Success** |  |  |  |  |
| **Full-time FTEF** |  |  |  |  |
| **Part-time FTEF** |  |  |  |  |

**Section 8: Student Equity and Institutional Standards**

**As part of an accreditation requirement, the college has established institution-set standards across specific indicators that are annual targets to be met and exceeded. Please comment on how these indicators compare at your program level and at the college level. (For a complete description of the institutional standard, please see the instructional cover sheet)**

**a. Institutional Standard for Course Completion Rate: 55%**

Please comment on your program’s course success data, including any differences in completion rates by student demographics as well as efforts to address these differences.

**b. Institutional Standard for Certificate Completion Number (Transcriptable): 325**

Has the number of students completing certificates in your program held steady, or increased/declines in the last three years? Please comment on the data, analyze the trends, including any differences in completion rates by student demographics.

**c. Institutional Standard for Transfer to four-year colleges/universities: 775**

Based on the transfer data provided, what role does your program play in the overall transfer rates? Please comment on any notable trends or data elements related to your program’s role in transfer.

**Section 9: Learning Outcomes Assessment Summary**

a. **Attach 2012-2013 Program Level** – Four Column Report for PL-SLO Assessment from TracDat, please contact the Office of Instruction to assist you with this step if needed.

b. **Attach 2012-2013 Course-Level** – Four Column Report for CL-SLO Assessment from TracDat, please contact the Office of Instruction to assist you with this step if needed.

**Section 10: SLO Assessment and Reflection**

**Based on your assessment data and reflections, please respond to the following prompts.**

a. What curricular, pedagogical or other changes have you made as a result of your CL-SLO assessments?

1. How do the objectives and outcomes in your courses relate to the program-level student learning outcomes and to the college mission?
2. How have you used the assessment results of program-level student learning outcomes to make certificate/degree program improvements?
3. If your program has other outcomes assessments at the program level, comment on the findings.
4. How has your department engaged in dialogue about student learning outcomes?

**Section 11: Service/Program Review Summary**

Address the concerns or recommendations that were made in prior program review cycles, including any feedback from Dean/VP, Program Review Committee, etc.

|  |  |
| --- | --- |
| **Recommendation** | **Comments** |
| 1. |  |
|  |  |
|  |  |

1. **After reviewing the data, what would you like to highlight about your program?**

**Section 12: Feedback and Follow Up**

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

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

**b. Areas of concern, if any**

1. **Recommendations for improvement:**

d. Recommended next steps:

\_\_\_ Proceed as planned on program review schedule

\_\_\_ Further review/Out of cycle in-depth review

*Upon completion of section 12, the Program Review should be returned to service area/staff for review, then submitted to the Office of Instruction and Institutional Research for public posting. See timeline on Program Review Cover Sheet.*