

Rubric Comprehensive
Student Services Program Review

PROGRAM NAME: _____

| | GREEN | YELLOW | RED | NOTES FOR YELLOW & RED |
|---|-------|--------|-----|------------------------|
| Paragraph 1.2: | | | | |
| Students Served | | | | |
| Demographic Analysis | | | | |
| Off Campus Services | | | | |
| Staffing Structure | | | | |
| General Budget Analysis | | | | |
| Basic Skills Programs | | | | |
| Transfer Programs | | | | |
| Workforce/CTE Programs | | | | |
| Student Equity | | | | |
| Innovation | | | | |
| Paragraph 2.3: | | | | |
| Service Area SLOs | | | | |
| Paragraph 2.4: | | | | |
| Annual Action Plan & Summary | | | | |
| Paragraph 3.1: | | | | |
| Prev. Program Goals | | | | |
| Paragraph 3.2: | | | | |
| New Goals | | | | |
| Paragraph 4.1: | | | | |
| Unfunded Resource Requests | | | | |
| Section 5: | | | | |
| Program Strengths/Opportunities | | | | |
| Section 6 (please circle rating): | | | | |
| Dean's feedback consistent with rest of program review? | YES | NO | | |
| Section 7 (please circle rating): | | | | |
| VP's feedback consistent with rest of program review? | YES | NO | | |