



2014-15 Service Area Program Review

DEPARTMENT/PROGRAM	
DESCRIPTION/PURPOSE	
SUBMITTED BY:	
AREA DEAN/DIRECTOR	
AREA VICE PRESIDENT	

I. INSTITUTIONAL GOALS

INSTITUTIONAL GOAL 1	INSTITUTIONAL GOAL 2	INSTITUTIONAL GOAL 3	INSTITUTIONAL GOAL 4
<p>INSTITUTIONAL MISSION AND EFFECTIVENESS – The College will maintain programs and services that focus on the mission of the College supported by data-driven assessments to measure student learning and student success.</p> <p>1.1 Develop systems and procedures that establish the mission of the college as the central mechanism for planning and decision making.</p> <p>1.2 Develop an institutional score card to assess student learning that drives integrated planning and resource allocation.</p> <p>1.3 Develop systems and procedures to ensure that the college maintains a collegial and self-reflective dialogue that improves effectiveness.</p> <p>1.4 Develop systems that are inclusive, cyclical, and understood by all stakeholders.</p>	<p>STUDENT LEARNING PROGRAMS AND SERVICES – The College will maintain instructional programs and services which support student success and the attainment of student educational goals.</p> <p>2.1 Ensure that all instructional programs, regardless of location or means of delivery, address and meet the current and future needs of students.</p> <p>2.2 Review program learning outcomes annually (or biennially) to assure currency, improve teaching and learning strategies, and raise student success rates.</p> <p>2.3 Ensure that all Student Services programs, regardless of location or means of delivery, address and meet the current and future needs of students.</p> <p>2.4 Ensure that all Student Services programs engage in a process of sustainable continuous quality improvement by annual review of Service Area Outcomes, and annual Program Review.</p> <p>2.5 Ensure that the Library meets as closely as possible that “Standards of Practice for California Community College Library Faculty and Programs” of the Academic Senate for California Community Colleges.</p> <p>2.6 Ensure that instructional labs continue to collaborate in sharing financial and human resources, thus maintaining continuous quality improvement.</p>	<p>RESOURCES – The College will develop and manage human, technological, physical, and financial resources to effectively support the College mission and the campus learning environment.</p> <p>3.1 Develop and implement a resource allocation plan that leads to fiscal stability.</p> <p>3.2 Implement a robust technological infrastructure and the enterprise software to support the college process.</p> <p>3.3 Build new facilities and modernize existing ones as prioritized in the facility master plan.</p> <p>3.4 Design and commit to a long-term professional development plan.</p> <p>3.5 Raise the health awareness of faculty, staff, and students.</p>	<p>LEADERSHIP AND GOVERNANCE – The Board of Trustees and the Superintendent/President will establish policies that assure the quality, integrity, and effectiveness of student learning programs and services, and the financial stability of the institution.</p> <p>4.1 Review all Board policies annually to ensure that they are consistent with the College mission statement, that they address the quality, integrity, and effectiveness of student learning programs and services, and that they guard the financial stability of the institution.</p> <p>4.2 Maintain a clearly defined Code of Ethics that includes appropriate responses to unprofessional behavior.</p> <p>4.3 Ensure that the Board of Trustees is informed and involved in the accreditation process.</p> <p>4.4 Ensure that processes for the evaluation of the Board of Trustees and the Superintendent/President are clearly defined, implemented, and publicized.</p> <p>4.5 Establish a governance structure, processes, and practices that guarantee that the governing board, administration, faculty, staff, and students will be involved in the decision making process.</p>

II. PROGRAM GOALS

A. PAST – EVALUATION OF PREVIOUS CYCLE OBJECTIVES/PROGRAM GOALS (SET IN PREVIOUS YEAR)

List your previous objectives/goals and associated Institutional Goals. All program goals must address at least one of the institutional goals.

1	PAST PROGRAM GOAL #1	INSTITUTIONAL GOAL(S) (Select one primary goal.)
	Identify Program Goal and Budget request, if any, from the Program Review completed in 2013-2014 (Section II C):	<input type="checkbox"/> 1 Mission & Effectiveness <input type="checkbox"/> 1.1 <input type="checkbox"/> 1.3 <input type="checkbox"/> 1.2 <input type="checkbox"/> 1.4
<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met Describe how this program goal increased student achievement and/or program effectiveness in 2014-2015:	<input type="checkbox"/> 2 Student Learning Outcomes <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.6 <input type="checkbox"/> 3 Resources <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.3 <input type="checkbox"/> 4 Leadership & Governance <input type="checkbox"/> 4.1 <input type="checkbox"/> 4.4 <input type="checkbox"/> 4.2 <input type="checkbox"/> 4.5 <input type="checkbox"/> 4.3

2	PAST PROGRAM GOAL #2	INSTITUTIONAL GOAL(S) <small>(Select one primary goal.)</small>
Identify Program Goal and Budget request, if any, from the Program Review completed in 2013-2014 (Section II C):		<input type="checkbox"/> 1 Mission & Effectiveness <input type="checkbox"/> 1.1 <input type="checkbox"/> 1.3 <input type="checkbox"/> 1.2 <input type="checkbox"/> 1.4
<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		<input type="checkbox"/> 2 Student Learning Outcomes <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.6
Describe how this program goal increased student achievement and/or program effectiveness in 2014-2015:		<input type="checkbox"/> 3 Resources <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.3
		<input type="checkbox"/> 4 Leadership & Governance <input type="checkbox"/> 4.1 <input type="checkbox"/> 4.4 <input type="checkbox"/> 4.2 <input type="checkbox"/> 4.5 <input type="checkbox"/> 4.3

3	PAST PROGRAM GOAL #3	INSTITUTIONAL GOAL(S) <small>(Select one primary goal.)</small>
Identify Program Goal and Budget request, if any, from the Program Review completed in 2013-2014 (Section II C):		<input type="checkbox"/> 1 Mission & Effectiveness <input type="checkbox"/> 1.1 <input type="checkbox"/> 1.3 <input type="checkbox"/> 1.2 <input type="checkbox"/> 1.4
<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met Describe how this program goal increased student achievement and/or program effectiveness in 2014-2015:		<input type="checkbox"/> 2 Student Learning Outcomes <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.6 <input type="checkbox"/> 3 Resources <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.3 <input type="checkbox"/> 4 Leadership & Governance <input type="checkbox"/> 4.1 <input type="checkbox"/> 4.4 <input type="checkbox"/> 4.2 <input type="checkbox"/> 4.5 <input type="checkbox"/> 4.3

B. PRESENT – DATA ANALYSIS AND PROGRAM HEALTH – ACCREDITATION

1. Use data pertinent to your program/department. Include qualitative and quantitative data. Use survey-evaluation results and other relevant data to assess program/department effectiveness. Evaluate the strengths, weaknesses, challenges and opportunities, providing thorough interpretation of data. Narrative only. ***Attach electronic excel file with graphs or trend data, do not include them in the narrative below.***
 - a. **Strengths**
Discuss what you do well in your program/department.
 - b. **Weaknesses**
Discuss areas in your program/department that need improvement.
 - c. **Opportunities**
Discuss opportunities for program improvement.
 - d. **Challenges**
Discuss obstacles/barriers that may influence program improvement.
 - e. **Program changes**
What program changes, if any, do you expect to have a positive effect on students?
2. Summarize revisions, additions, deletions, and alternate delivery methods to your program based on the last program review.

C. FUTURE – LIST OF “SMART” (SPECIFIC MEASURABLE ATTAINABLE RELEVANT TIME-LIMITED) PROGRAM OBJECTIVES FOR NEXT ACADEMIC YEAR TO ADDRESS PROGRAM IMPROVEMENT, GROWTH, OR UNMET NEEDS/GOALS. ALL PROGRAM GOALS MUST ADDRESS AT LEAST ONE OF THE INSTITUTIONAL GOALS.

FUTURE PROGRAM GOALS			INSTITUTIONAL GOAL(S)
(Describe future program goals. List in order of budget priority.) You are not required to list 3 goals. Only list/identify goals that are viable in one year’s time or can be carried over a number of program cycles. Objectives should either: 1. Increase work efficiency; 2. Reduce costs; or 3. Contribute to student enrollment and/or success.			(Select one primary institutional goal)
1	2015-2016 PROGRAM GOAL #1 Budget Priority #1		INSTITUTIONAL GOAL(S)
Identify Future Global Goal:			<input type="checkbox"/> 1 Mission & Effectiveness <input type="checkbox"/> 1.1 <input type="checkbox"/> 1.3 <input type="checkbox"/> 1.2 <input type="checkbox"/> 1.4
Objective:			
RESOURCE PLAN (Check all that apply.)			<input type="checkbox"/> 2 Student Learning Outcomes <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.6
Task(s)			
A. Describe task and select the resource committee that will review your enhanced budget request (if applicable) <input type="checkbox"/> Facilities <input type="checkbox"/> Marketing <input type="checkbox"/> Technology <input type="checkbox"/> Professional Development <input type="checkbox"/> Staffing			<input type="checkbox"/> 3 Resources <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.3
Timeline:			
Expense Type	Funding Type	Budget Request	<input type="checkbox"/> 4 Leadership & Governance <input type="checkbox"/> 4.1 <input type="checkbox"/> 4.4 <input type="checkbox"/> 4.2 <input type="checkbox"/> 4.5 <input type="checkbox"/> 4.3
<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring	<input type="checkbox"/> General District <input type="checkbox"/> Categorical (Specify)	\$ _____	

B. Describe task and select the resource committee that will review your enhanced budget request (if applicable)		
<input type="checkbox"/> Facilities <input type="checkbox"/> Marketing <input type="checkbox"/> Technology <input type="checkbox"/> Professional Development <input type="checkbox"/> Staffing		
Timeline:		
Expense Type	Funding Type	Budget Request
<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring	<input type="checkbox"/> General District <input type="checkbox"/> Categorical (Specify)	\$ _____
C. Describe task and select the resource committee that will review your enhanced budget request (if applicable)		
<input type="checkbox"/> Facilities <input type="checkbox"/> Marketing <input type="checkbox"/> Technology <input type="checkbox"/> Professional Development <input type="checkbox"/> Staffing		
Timeline:		
Expense Type	Funding Type	Budget Request
<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring	<input type="checkbox"/> General District <input type="checkbox"/> Categorical (Specify)	\$ _____
How will this objective be measured?		
How will the completion of tasks identified improve work efficiency, reduce costs, or improve student success?		
Who are the responsible party(ies) and assigned user(s)?		
FUTURE PROGRAM GOALS <small>(Describe future program goals. List in order of budget priority.)</small> <small>You are not required to list 3 goals. Only list/identify goals that are viable in one year's time or can be carried over a number of program cycles.</small>		INSTITUTIONAL GOAL(S) <small>(Select one primary institutional goal)</small>

2	2015-2016 PROGRAM GOAL #2 Budget Priority #1	INSTITUTIONAL GOAL(S)	
Identify Future Global Goal:		<input type="checkbox"/> 1 Mission & Effectiveness <input type="checkbox"/> 1.1 <input type="checkbox"/> 1.3 <input type="checkbox"/> 1.2 <input type="checkbox"/> 1.4 <input type="checkbox"/> 2 Student Learning Outcomes <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.6 <input type="checkbox"/> 3 Resources <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.3 <input type="checkbox"/> 4 Leadership & Governance <input type="checkbox"/> 4.1 <input type="checkbox"/> 4.4 <input type="checkbox"/> 4.2 <input type="checkbox"/> 4.5 <input type="checkbox"/> 4.3	
Objective:			
RESOURCE PLAN (Check all that apply.)			
<input type="checkbox"/> Facilities <input type="checkbox"/> Marketing <input type="checkbox"/> Technology <input type="checkbox"/> Professional Development <input type="checkbox"/> Staffing			
Task(s)			
A. Describe task and select the resource committee that will review your enhanced budget request (if applicable) <input type="checkbox"/> Facilities <input type="checkbox"/> Marketing <input type="checkbox"/> Technology <input type="checkbox"/> Professional Development <input type="checkbox"/> Staffing			
Timeline:			
Expense Type	Funding Type		Budget Request
<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring	<input type="checkbox"/> General District <input type="checkbox"/> Categorical (Specify)		\$ _____
B. Describe task and select the resource committee that will review your enhanced budget request (if applicable) <input type="checkbox"/> Facilities <input type="checkbox"/> Marketing <input type="checkbox"/> Technology <input type="checkbox"/> Professional Development <input type="checkbox"/> Staffing			
Timeline:			
Expense Type	Funding Type	Budget Request	
<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring	<input type="checkbox"/> General District <input type="checkbox"/> Categorical (Specify)	\$ _____	

C. Describe task and select the resource committee that will review your enhanced budget request (if applicable) <input type="checkbox"/> Facilities <input type="checkbox"/> Marketing <input type="checkbox"/> Technology <input type="checkbox"/> Professional Development <input type="checkbox"/> Staffing			
Timeline:			
Expense Type	Funding Type	Budget Request	
<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring	<input type="checkbox"/> General District <input type="checkbox"/> Categorical (Specify)	\$ _____	
How will this objective be measured?			
How will the completion of tasks identified improve work efficiency, reduce costs, or improve student success?			
Who are the responsible party(ies) and assigned user(s)?			
FUTURE PROGRAM GOALS (Describe future program goals. List in order of budget priority.) You are not required to list 3 goals. Only list/identify goals that are viable in one year's time or can be carried over a number of program cycles.			INSTITUTIONAL GOAL(S) (Select one primary institutional goal)
3	2015-2016 PROGRAM GOAL #3 Budget Priority #1		INSTITUTIONAL GOAL(S)
Identify Future Global Goal:			<input type="checkbox"/> 1 Mission & Effectiveness <input type="checkbox"/> 1.1 <input type="checkbox"/> 1.3 <input type="checkbox"/> 1.2 <input type="checkbox"/> 1.4 <input type="checkbox"/> 2 Student Learning Outcomes <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.6
Objective:			
RESOURCE PLAN (Check all that apply.)			
<input type="checkbox"/> Facilities <input type="checkbox"/> Marketing <input type="checkbox"/> Technology <input type="checkbox"/> Professional Development <input type="checkbox"/> Staffing			
Task(s)			

How will the completion of tasks identified improve work efficiency, reduce costs, or improve student success?

Who are the responsible party(ies) and assigned user(s)?

A. Describe task and select the resource committee that will review your enhanced budget request (if applicable)			<input type="checkbox"/> 3 Resources <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.3 <input type="checkbox"/> 4 Leadership & Governance <input type="checkbox"/> 4.1 <input type="checkbox"/> 4.4 <input type="checkbox"/> 4.2 <input type="checkbox"/> 4.5 <input type="checkbox"/> 4.3
<input type="checkbox"/> Facilities <input type="checkbox"/> Marketing <input type="checkbox"/> Technology <input type="checkbox"/> Professional Development <input type="checkbox"/> Staffing			
Timeline:			
Expense Type	Funding Type	Budget Request	
<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring	<input type="checkbox"/> General District <input type="checkbox"/> Categorical (Specify)	\$ _____	
B. Describe task and select the resource committee that will review your enhanced budget request (if applicable)			
<input type="checkbox"/> Facilities <input type="checkbox"/> Marketing <input type="checkbox"/> Technology <input type="checkbox"/> Professional Development <input type="checkbox"/> Staffing			
Timeline:			
Expense Type	Funding Type	Budget Request	
<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring	<input type="checkbox"/> General District <input type="checkbox"/> Categorical (Specify)	\$ _____	
C. Describe task and select the resource committee that will review your enhanced budget request (if applicable)			
<input type="checkbox"/> Facilities <input type="checkbox"/> Marketing <input type="checkbox"/> Technology <input type="checkbox"/> Professional Development <input type="checkbox"/> Staffing			
Timeline:			
Expense Type	Funding Type	Budget Request	
<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring	<input type="checkbox"/> General District <input type="checkbox"/> Categorical (Specify)	\$ _____	
How will this objective be measured?			