

# 2010-11 Annual Program Review Update

**PROGRAM NAME:**

**Name of person or persons that filled out this form:**

**I. PROGRAM DESCRIPTION**

A. What is the primary mission/purpose of your program?:

B. What is your Program Level Outcome (PLO) statement?:

1. Describe the processes by which your PLO is assessed:

	Analysis of SLOAC results (refer to Part III)
	Analysis of SSLOAC results (refer to Part III)

Other:

2. How does your PLO directly or indirectly support the: Mission, Institutional Core Competencies (ICC), and/or Strategic Initiatives

(Attach "PLO to Mission, ICC, and/ SI matching sheet(s)."

Comments:

C. Program Demographics

1. How many people does your program/department serve?

	# Students	Source:	
	# Faculty	Source:	
	# Staff	Source:	
	# Community	Source:	

Comments: Describe the typical characteristics of the people your program serves - i.e. What are their goals, majors, reasons for coming to your program, etc.

2. Number of employees associated with the program?

	# FT staff		Total hrs per wk combined
	# PT staff		Total hrs per wk combined
	# FT Faculty		(FTEF)
	# PT faculty		(FTEF)
	# Students		Total hrs per wk combined

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**II. SIGNIFICANT CHANGES and TRENDS**

A. **If your program offers instruction**, attach your Program Review Data Sheet (from IR). Briefly, address any significant changes and how they have effected your **curriculum / instruction** relative to:

1. Growth or decline in historically underrepresented populations (Latina/o, African Ancestry, Pacific Islander, Filipino)

2. Trends related to closing the student equity gap relative to the college's stated goals.

3. Overall enrollment growth or decline of all student populations

B. Briefly, address any significant changes and how they have effected your program's **services** relative to:

1. Growth or decline in historically underrepresented populations (Latina/o, African Ancestry, Pacific Islander, Filipino)

2. Trends related to closing the student equity gap relative to the college's stated goals.

3. Overall enrollment growth or decline of all student populations

C. Make any modifications, deletions, additions, edits, etc. to your 2008-09 Comprehensive Program Review (CPR). Use the spaces below to explain what changes you are making to your CPR and the reasons for those changes (i.e. College/District policies, state or federal laws and regulations, external agencies regulations or requirements, budget cuts, personnel decisions, etc.).

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D. Use this space to explain anything else about your program that was not included in your 2008-09 Comprehensive Program Review (CPR) or under II.C. What should be known about your program that hasn't been asked?

### III. OUTCOMES ASSESSMENT

**If your program offers both instruction and services, complete all of Part III.  
If your program does not offer instruction, skip to III. E.**

A. **If your program offers instruction**, describe the number of **SLOAC** that have been completed or will be completed in 2010-11.

B. **If your program offers instruction**, describe the level of engagement in the 2010-11 **SLOAC** process. (i.e. How many faculty, staff, and administrators participated in the SLOAC process?)

C. **If your program offers instruction**, what program enhancements are you implementing as a result of the 2010-11 **SLOAC** process? (Only describe planned enhancements that **do not require additional resources**. Enhancements that require new resources will be addressed in Part V.)

D. **If your program offers instruction**, what are your **SLOAC** plans for 2011-12?

E. Describe the number of **SSLOAC** that have been completed or will be completed in 2010-11.

F. Describe the level of engagement in the 2010-11 **SSLOAC** process. (i.e. How many faculty, staff, and administrators participated in the SSLOAC process?)

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G. What program enhancements are you implementing as a result of the 2010-11 SSLOAC process? (Only describe planned enhancements that **do not require additional resources**. Enhancements that require new resources will be addressed in Part V.)

H. What are your SSLOAC plans for 2011-12?

**IV. PROGRAM BUDGET DATA**

	2009-10 Actual	2010-11 Projected
'A' budget		
'B' budget		
'C' Budget		
<b>TOTALS</b>	<b>\$0</b>	<b>\$0</b> (automatically calculated)

**If your program is NOT requesting any new resources - your 2010-11 Annual Program Review Update is finished**

**If your program IS requesting any new resources - Continue to Part V.**

**V. RESOURCE REQUESTS**

**Department/Program Summary**

**A. Human Resources:** Please submit up to three faculty and/or staff choices below in department/program ranked order:

**Program Position Priority #1:**

Faculty	<input style="width: 100px; height: 15px;" type="text"/>	Staff	<input style="width: 100px; height: 15px;" type="text"/>
Full-Time	<input style="width: 100px; height: 15px;" type="text"/>	Part-Time	<input style="width: 100px; height: 15px;" type="text"/>

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Position Name:

Brief description:

Rationale: How will this person enhance or maintain your program's plans to improve outcomes relative to the college Mission, Institutional Core Competencies, Strategic Initiatives, Program Goals, etc. (i.e. What specific SLOAC/SSLOAC results support the program's need for this position?)

If applicable, address the FTE, PT/FTE ratios, and WSCH goals that support your request for this position.

**Program Position Priority #2:**

Faculty

Staff

Full-Time

Part-Time

Position Name:

Brief description:

Rationale: How will this person enhance or maintain your program's plans to improve outcomes relative to the college Mission, Institutional Core Competencies, Strategic Initiatives, Program Goals, etc. (i.e. What specific SLOAC/SSLOAC results support the program's need for this position?)

If applicable, address the FTE, PT/FTE ratios, and WSCH goals that support your request for this position.

**Program Position Priority #3:**

Faculty

Staff

Full-Time

Part-Time

Position Name:

Brief description:

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Rationale: How will this person enhance or maintain your program's plans to improve outcomes relative to the college Mission, Institutional Core Competencies, Strategic Initiatives, Program Goals, etc. (i.e. What specific SLOAC/SSLOAC results support the program's need for this position?)

If applicable, address the FTE, PT/FTE ratios, and WSCH goals that support your request for this position.

**NOTE:** It is an expectation that all positions that are allocated 2 or more years prior to the next Comprehensive Program Review (2013-14) will be assessed relative to their contribution to the program, the program level outcomes and the program review criteria. In this light, briefly state some of the criteria you may use to assess the effect of each of the additional positions on your program.

**Review Criteria:**

**B. Equipment/Materials/Facilities:** Please submit up to three resource requests in department/program ranked order:

**Program Resource Priority #1:**

Equipment       Materials       Facilities   
Est. Cost

Item Name:

Brief description:

Rationale: How will this resource enhance or maintain your program's plans to improve outcomes relative to the college Mission, Institutional Core Competencies, Strategic Initiatives, Program Goals, etc. (i.e. What specific SLOAC/SSLOAC results support the program's need for this item?)

**Program Resource Priority #2:**

Equipment       Materials       Facilities   
Est. Cost

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Item Name:

Brief description:

Rationale: How will this resource enhance or maintain your program's plans to improve outcomes relative to the college Mission, Institutional Core Competencies, Strategic Initiatives, Program Goals, etc. (i.e. What specific SLOAC/SSLOAC results support the program's need for this item?)

### **Program Resource Priority #3:**

Equipment

Materials

Facilities

Est. Cost

Item Name:

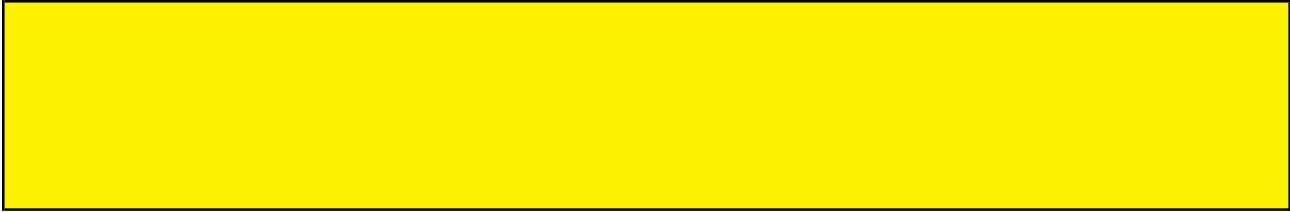
Brief description:

Rationale: How will this resource enhance or maintain your program's plans to improve outcomes relative to the college Mission, Institutional Core Competencies, Strategic Initiatives, Program Goals, etc. (i.e. What specific SLOAC/SSLOAC results support the program's need for this item?)

**NOTE:** It is an expectation that all resources that are allocated 2 or more years prior to the next Comprehensive Program Review (2013-14) will be assessed relative to their contribution to the program, the program level outcomes and the program review criteria. In this light, briefly state some of the criteria you may use to assess the effect of the additional equipment/materials/facilities on your program.

**Review Criteria:**

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**Divisional Summary (If applicable)**

**C. Human Resources:** Of all the position requests within your Division what is the divisional ranking of your department/program position request?

<b>Program Position Priority #1:</b>	<b>Division Position Ranking:</b>	<input type="text"/>
<b>Program Position Priority #2:</b>	<b>Division Position Ranking:</b>	<input type="text"/>
<b>Program Position Priority #3:</b>	<b>Division Position Ranking:</b>	<input type="text"/>

**D. Equipment/Materials/Facilities:** Of all the resource requests within your Division what is the divisional ranking of your department/program resource request?

<b>Program Resource Priority #1:</b>	<b>Division Resource Ranking:</b>	<input type="text"/>
<b>Program Resource Priority #2:</b>	<b>Division Resource Ranking:</b>	<input type="text"/>
<b>Program Resource Priority #3:</b>	<b>Division Resource Ranking:</b>	<input type="text"/>