Annual Program Plan/Review Assessment
Administrative Planning Committee

Program Name:	
APC Member(s) Reviewers:	Date Reviewed:

The purpose of this form is to provide feedback on the quality of the program review to the Program Review author(s)
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Administrative Program Review	Performance Level			
	Commendations	**Recommendations**	**Comments**	**ACCJC Exemplary Check**
Executive Summary				
Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees.	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes		☐
Program Context				
1. Mission:				
2. Program Description	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes		☐
3. Community and Labor Needs: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program.	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes		☐
Looking Back				
4. Describe major accomplishments	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes		☐
5. Impact of Resources Allocations: Describe the impact to date that each new resource (staff, non-instructional assignment, equipment, facilities, research, funding) has had on your program and measures of student success or client satisfaction.	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes		☐

Administrative Program Review	Performance Level				ACCJC Exemplary Check
	Commendations	**Recommendations**	**Comments**		
Current State of the Program					
6. **State of the Program** A. Describe the current state of the program (include strengths and challenges)	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes			☐
B. What changes could be implemented to improve your program?	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes			☐
7. **Service Area Outcomes (SAOs) Assessment:** A. Describe your program's SAO Assessment Plan.	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes			☐
B. Summarize the findings of your program's SAO Assessments. What are some improvements that have been, or can be, implemented as a result of SAO assessment?	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes			☐
Looking Ahead					
8. **Strategic goal and action plans:** **Describe how you will address identified opportunities for improvement, including Action plan, timeline, responsible party, and resources required.**	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes			☐
9. **Personnel Projections**	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes			☐
Overall Comments/Feedback/Suggestions:					

Administrative Program Review				
Resource Requests	**Developing**	**Acceptable**	**Exemplary**	**Comments**
8. Personnel: A. List new or replacement faculty/staff positions that you anticipate requesting. Identify the term or year in which you anticipate submitting the staffing request.	☐ Information is unclear	☐ Description is acceptable but needs additional information	☐ Information is complete	
9. Equipment: Edit the "Purchase equipment" Action Plan and click the "Request Resources" button to enter the details of your equipment request. Be sure to indicate whether additional space will be needed to accommodate the requested equipment, or whether it will require maintenance agreements and or support personnel.	☐ Information is unclear	☐ Description is acceptable but needs additional information	☐ Information is complete	
10. Information Technology: A. Provide a list of all software and hardware needed. Include the required purchasing information and/or desired capabilities.	☐ Information is unclear	☐ Description is acceptable but needs additional information	☐ Information is complete	
11. Facilities: Facilities requests may be for changes to custodial services, maintenance, remodeling, or new construction. Create a new Action Plan for each facilities request. In the description/justification be sure to indicate whether the request is for ADA or safety-related concerns.	☐ Information is unclear	☐ Description is acceptable but needs additional information	☐ Information is complete	

Overall Commendations:

Overall Recommendations:

Overall Program Effectiveness:

- ☐ Highly effective
- ☐ Effective
- ☐ At risk—Needs program improvement

APC Chair Signature: _____ Date:_____

President Signature: _____ Date: _____