# Annual Program Plan/Review Assessment—Instructional Planning Committee

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| Program Name: Political Sciences | Division: |
| Date Reviewed: |

The purpose of this form is to provide feedback on the quality of the program review to the Department/Program.

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| Instructional Program Review | Performance Level |  |
|  | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Example** |
| Executive Summary |  |
| Please summarize your program’s strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees.  | Provided:[x] Summary of strengths [x] Summary of opportunities/challenges[x] Summary of action plans[x]  Thorough summary | Information needed:[ ]  Summary of strengths [ ]  Summary of opportunities/challenges[ ]  Summary of action plans | Click here to enter text. | [x]  |
| Program Context |  |
| 1. Mission:
 | [x]  Mission provided | [ ]  Mission needed | Click here to enter text. | [ ]  |
| 1. Articulation: Describe how your program’s articulation may be impacted by changes in curriculum and degree requirements at high schools and 4-year institutions. Describe your efforts to accommodate these changes.
 | Provided:[ ]  Evidence[ ]  Analysis[ ]  Impact on program[ ]  Efforts to make changes | Information needed:[x]  Evidence[x]  Analysis[x]  Impact on program[x]  Efforts to make changes  | [ ]  No recommendation or change needed[ ]  Not applicableNeed evidence of Articulation Agreement to support standar.  | [ ]  |
| 1. Community and Labor Needs: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program. CTE programs should identify the dates of their advisory group meetings.
 | Provided description of:[ ]  Community needs[ ]  Employment needs[ ]  Technology needs[ ]  Licensing[ ]  Accreditation[ ]  Impact on program | Information needed:[x]  Community needs[x]  Employment needs[x]  Technology needs[x]  Licensing[x]  Accreditation[x]  Impact on program | [ ]  No recommendation or change needed[ ]  Not applicableFurther clarification and additional details are required.  | [ ]  |

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| Looking Back |  |
| 1. Curricular Changes: List any significant changes that have occurred in your program’s curricular offerings, scheduling, or mode of delivery. Explain the rationale for these changes.
 | Provided:[x]  List of changes that occurred[x]  Rationale for changes | Information needed:[ ]  List of changes that occurred[ ]  Rationale for changes | [ ]  No recommendation or change needed[ ]  Not applicableClick here to enter text. | [ ]  |
| 5A. Progress Report—IPC Feedback: Provide your responses to all recommendations received in your last program review cycle | Provided:[x]  Response to all recommendations | Information needed:[ ]  Response to all recommendations | [ ]  No recommendation or change needed[ ]  Not applicablePrevious Recommendations from last Program Review cycle were not attached. | [ ]  |
| 5B. Progress Report—Prior Action Plans: Provide a summary of the progress you have made on the strategic action plans identified in your last program review. | Provided:[x]  Summary of progress | Information needed:[ ]  Summary of progress | [ ]  No recommendation or change needed[ ]  Not applicableClick here to enter text. | [ ]  |
| 6A. Impact of Resource Applications: Describe the impact to-date that new resources (equipment, facilities, research) requested in prior years' program reviews have had on your program. If measurable impacts on student success have been observed, be sure to describe these and include any documentation/evidence. If no resources have been recently requested, please write “not applicable”. | Provided:[ ]  Thorough description of new resources’ impact on program[ ]  Thorough description of impact on students[ ]  Efforts to make changes | Information needed:[ ]  Further description of new resources’ impact on program[ ]  Further description of impact on students[ ]  Efforts to make changes | [x]  Not ApplicableClick here to enter text. | [ ]  |
| 6B. Impact of Staffing Changes: Describe the impact on your program of any changes in staffing levels (for example, the addition, loss or reassignment of faculty/staff). If no changes have occurred, please write "not applicable". | Provided:[x]  Thorough description of staffing changes’ impact on program | Information needed:[ ]  Further description of staffing changes’ impact on program | [ ]  Not ApplicableClick here to enter text. | [x]  |

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| Current State of the Program |
| 7A. Connection & Entry--Observation: Describe trends in program and course enrollments, FTES, LOAD and Fill Rates. Cite quantitative data and identify the specific tables from the data packets. If other sources of data are used, please upload these documents or provide URLs. | Provided:[ ]  Thorough description of trends in all identified areas[ ]  Quantitative evidence from data packets | Information needed:[x]  Further description of trends in all identified areas[x]  Quantitative evidence from data packets | [ ]  No recommendation or change neededClick here to enter text. | [ ]  |
| 7B. Connection & Entry—Evaluation: What changes could be implemented, including changes to course scheduling (times/days/duration/delivery mode/number of sections), marketing, and articulation that may improve these trends in enrollment? | Identified: [x]  Changes that could be implemented | Information needed:[ ]  Changes that could be implemented | [ ]  No recommendation or change needed[ ]  Not applicable | [ ]  |
| 8A. Progress & Completion—Observation: Describe trends in student success and retention disaggregated by: ethnicity, gender, age, enrollment status, and day/evening. Cite quantitative data and specific tables from the data packets. If other sources of data are used, please upload these documents or provide URLs.  | Provided:[x]  Thorough description of trends in all identified areas[ ]  Quantitative evidence from data packets | Information needed:[ ]  Further description of trends in all identified areas[x]  Quantitative evidence from data packets | [ ]  No recommendation or change neededClick here to enter text. | [ ]  |
| 8B. Progress & Completion Online—Observation: For online courses describe any significant differences in the success and retention of students who are taking online courses compared to face-to-face (f2f) courses.  | Provided:[ ]  Description of differences compared to f2f courses | Information needed:[ ]  Description of differences compared to f2f courses | [x]  Not applicableClick here to enter text. | [ ]  |

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| 8C. Progress & Completion—Evaluation: Based on these trends, what do you feel are significant factors or barriers influencing student success in your courses and program? What changes (e.g. in curriculum, pedagogy, scheduling, modality) could be implemented to improve these trends?  | Provided:[x]  Discussion of factors/barriers influencing student success[ ]  Discussion of potential changes  | Information needed:[ ]  Discussion of factors/barriers influencing student success[x]  Discussion of potential changes  | [ ]  No recommendation or change needed[ ]  Not applicableDiscussion of changes that could be implemented to improve students’ success are missing.  | [ ]  |
| 9A. SLO Assessment—Compliance: Are all course SLOs being systematically assessed at least once/4 years? Describe the coordination of SLO assessment across sections and over time.  | Provided:[ ]  Evidence that SLOs are assessed at least once/4 years[ ]  Coordination of assessment across sections and time is thorough | Information needed:[x]  Evidence that SLOs are assessed at least once/4 years[x]  Further description of assessment across sections and time | Further details once every 4-year is required.  | [ ]  |
| 9B. SLO Assessment - Impact: Summarize the dialogue that has resulted from these course SLO assessments. What are some improvements in your courses that have been implemented through SLO assessment? How has student learning (SL) been improved by changes in teaching? Cite specific examples. | Provided:[ ]  Summary dialogue[x]  Improvements implemented[ ]  Thorough description of how SL has been improved by changes in teaching | Information needed:[x]  Summary dialogue[ ]  Improvements implemented[x]  Further description of how SL has been improved by changes in teaching | Click here to enter text. | [ ]  |
| 10A. PLO Assessment—Plan: Describe your program’s Program Learning Outcomes assessment plan.  | Provided:[x]  Evidence of assessment plan[x]  Thorough description of assessment plan is thorough | Information needed:[ ]  Evidence of assessment plan[ ]  Further description of assessment plan | Click here to enter text. | [ ]  |
| 10B. PLO Assessment—Impact: Summarize the major findings of your program’s PLO assessments. What are some improvements that have been, or can be, implemented as a result of PLO assessment? | Provided:[x]  Summary of findings[x]  Thorough discussion of improvements | Information needed:[ ]  Summary of findings[ ]  Further discussion on improvements | Click here to enter text. | [ ]  |

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| Looking Ahead |
| 11. Program Improvement Initiatives:Use the objectives in the Planning module to describe the action plans that your program intends to implement. Describe your plan. Be sure to describe any research or training you will need to accomplish these plans. Then select PRIE and/or Professional Development in the "Units Impacted" section. | Provided:[x]  Thorough description of action plans | Information needed:[ ]  Further description of action plans | [ ]  No recommendation or change neededClick here to enter text. | [ ]  |

**Overall Commendations: Too many responsabilities fall upon a one full time member in the department.**

**Overall Recommendations: Department will benefit with additional staff.**

**Overall Program Effectiveness:**

[ ]  Highly effective

[x]  Effective

[ ]  Needs program improvement

**Dean’s perspective on the vitality of program:**

*See the executive summary and select the “IPR” tab in SPOL*

**Approval Process is embedded in SPOL (Approval from IPC chairs and VPs)**