

## Annual Program Plan/Review Assessment—Instructional Planning Committee

Program Name:		Division:		
		Date Reviewed:		
Instructional Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Example
<b>Executive Summary</b>				
Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees.	<b>Provided:</b> <input type="checkbox"/> Summary of strengths <input type="checkbox"/> Summary of opportunities/challenges <input type="checkbox"/> Summary of action plans <input type="checkbox"/> Thorough summary	<b>Information needed:</b> <input type="checkbox"/> Summary of strengths <input type="checkbox"/> Summary of opportunities/challenges <input type="checkbox"/> Summary of action plans		<input type="checkbox"/>
<b>Program Context</b>				
<b>1. Mission:</b> Identify how your program aligns with the college's mission by stating which categories of courses you offer: Career Technical, Basic Skills, Transfer, and/or Lifelong Learning. If your program has a mission statement, you may include it here.	<input type="checkbox"/> Mission provided	<input type="checkbox"/> Mission needed		<input type="checkbox"/>
<b>2. Articulation:</b> Are there changes in curriculum or degree requirements at high schools or 4-year institutions that may impact your program? If so, describe the changes and your efforts to accommodate them. If no changes have occurred, please write "no known changes".	<b>Provided:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on program <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on program <input type="checkbox"/> Efforts to make changes	<input type="checkbox"/> No recommendation or change needed <input type="checkbox"/> Not applicable	<input type="checkbox"/>

<p><b>3. Community and Labor Needs:</b> Are there changes in community needs, employment needs, technology, licensing, or accreditation that may affect your program? If so, describe these changes and your efforts to accommodate them. If no changes have occurred, please write "no known changes". CTE programs: identify the dates of your most recent advisory group meeting and describe your advisory group's recommendations for your program.</p>	<p>Provided description of:</p> <input type="checkbox"/> Community needs <input type="checkbox"/> Employment needs <input type="checkbox"/> Technology needs <input type="checkbox"/> Licensing <input type="checkbox"/> Accreditation <input type="checkbox"/> Impact on program	<p>Information needed:</p> <input type="checkbox"/> Community needs <input type="checkbox"/> Employment needs <input type="checkbox"/> Technology needs <input type="checkbox"/> Licensing <input type="checkbox"/> Accreditation <input type="checkbox"/> Impact on program	<input type="checkbox"/> No recommendation or change needed <input type="checkbox"/> Not applicable	<input type="checkbox"/>
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<b>Looking Back</b>				
<p><b>4. Curricular Changes:</b> List any significant changes that have occurred in your program's curricular offerings, scheduling, or mode of delivery. Explain the rationale for these changes.</p>	<p>Provided:</p> <input type="checkbox"/> List of changes that occurred <input type="checkbox"/> Rationale for changes	<p>Information needed:</p> <input type="checkbox"/> List of changes that occurred <input type="checkbox"/> Rationale for changes	<input type="checkbox"/> No recommendation or change needed <input type="checkbox"/> Not applicable	<input type="checkbox"/>
<p><b>5A. Progress Report—IPC Feedback:</b> Provide your responses to all recommendations received in your last program review cycle.</p>	<p>Provided:</p> <input type="checkbox"/> Response to all recommendations	<p>Information needed:</p> <input type="checkbox"/> Further description of some or all recommendations	<input type="checkbox"/> No recommendation or change needed <input type="checkbox"/> Not applicable	<input type="checkbox"/>

<p><b>5B. Progress Report—Prior Action Plans:</b> Provide a summary of the progress you have made on the strategic action plans identified in your last program review.</p>	<p>Provided:  <input type="checkbox"/> Summary of progress</p>	<p>Information needed:  <input type="checkbox"/> Further description of summary of progress</p>	<p><input type="checkbox"/> No recommendation or change needed  <input type="checkbox"/> Not applicable</p>	<p><input type="checkbox"/></p>
<p><b>6A. Impact of Resource Applications:</b> 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".</p>	<p>Provided:  <input type="checkbox"/> Thorough description of new resources' impact on program  <input type="checkbox"/> Thorough description of impact on students  <input type="checkbox"/> Efforts to make changes</p>	<p>Information needed:  <input type="checkbox"/> Further description of new resources' impact on program  <input type="checkbox"/> Further description of impact on students  <input type="checkbox"/> Efforts to make changes</p>	<p><input type="checkbox"/> Not Applicable</p>	<p><input type="checkbox"/></p>
<p><b>6B. Impact of Staffing Changes:</b> 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".</p>	<p>Provided:  <input type="checkbox"/> Thorough description of staffing changes' impact on program</p>	<p>Information needed:  <input type="checkbox"/> Further description of staffing changes' impact on program</p>	<p><input type="checkbox"/> Not Applicable</p>	<p><input type="checkbox"/></p>

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<b>Current State of the Program</b>				
<p><b>7. Enrollment Trends:</b> Use the <i>Productivity</i> data packet to examine your enrollments (headcount, FTES, Load) and pattern of course offerings (Productivity by Courses by Semester). How have your enrollments changed? What changes could be implemented, including changes to course scheduling (times/days/duration/delivery mode/number of sections), marketing, and articulation of pathways that might improve these trends? NOTE: If other sources of data are used, please upload these documents or provide URLs.</p>	<p>Provided:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Thorough description of trends in all identified areas</li> <li><input type="checkbox"/> Quantitative evidence from data packets</li> <li><input type="checkbox"/> Changes that could be implemented</li> </ul>	<p>Information needed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Further description of trends in some or all identified areas</li> <li><input type="checkbox"/> Quantitative evidence from data packets</li> <li><input type="checkbox"/> Changes that could be implemented</li> </ul>	<input type="checkbox"/> No recommendation or change needed	<input type="checkbox"/>
<p><b>8A. Access &amp; Completion:</b> One of the goals of the College’s Student Equity plan is to close the performance gaps for disproportionately impacted students. The <i>Equity Supplement</i> data packet indicates which groups are experiencing disproportionate impact in your program. Which gaps are most important for improving outcomes in your program? How can the college help you address these gaps? What changes could be made?</p>	<p>Identified:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Thorough description of the disproportionate impacts in all identified areas</li> <li><input type="checkbox"/> Gaps that are most important for improving program outcomes</li> <li><input type="checkbox"/> Changes that could be implemented</li> </ul>	<p>Information needed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Further description of the disproportionate impacts in some or all identified areas</li> <li><input type="checkbox"/> Gaps that are most important for improving program outcomes</li> <li><input type="checkbox"/> Changes that could be implemented</li> </ul>	<input type="checkbox"/> No recommendation or change needed <input type="checkbox"/> Not applicable	<input type="checkbox"/>
<p><b>8B. Completion — Success Online:</b> The college has a goal of improving success in online courses. Examine the “Course Success and Retention by DE vs Non DE” data table in the <i>Effectiveness: Success and Retention</i> data packet. What significant gaps do you see in success between online/hybrid and non-online courses? What changes could be made to reduce these gaps? If your program does not offer online/hybrid courses, please write “not applicable”.</p>	<p>Provided:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Description of differences in success between online/hybrid and non-online courses</li> <li><input type="checkbox"/> Changes that could be implemented</li> </ul>	<p>Information needed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Description of differences in success between online/hybrid and non-online courses</li> <li><input type="checkbox"/> Changes that could be implemented</li> </ul>	<input type="checkbox"/> Not applicable	<input type="checkbox"/>

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<p><b>9A. SLO Assessment—Compliance:</b> Are all active courses being systematically assessed over a 3-year cycle? Describe the coordination of SLO assessment across sections and over time.</p>	<p>Provided:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence that all active courses are systematically assessed over a 3-year cycle.</li> <li><input type="checkbox"/> Coordination of assessment across sections and time is thorough</li> </ul>	<p>Information needed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence that all active courses are being systematically assessed over a 3-year cycle.</li> <li><input type="checkbox"/> Further description of assessment across sections and time</li> </ul>		<input type="checkbox"/>
<p><b>9B. SLO Assessment - Impact:</b> Summarize the dialogue that has resulted from these course SLO assessments. What specific strategies have you implemented, or plan to implement, based upon the results of your SLO assessment? Cite specific examples.</p>	<p>Provided:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Summary dialogue</li> <li><input type="checkbox"/> Strategies implemented/plan to implement</li> <li><input type="checkbox"/> Specific examples</li> </ul>	<p>Information needed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Summary dialogue</li> <li><input type="checkbox"/> Strategies implemented/plan to implement</li> <li><input type="checkbox"/> Specific examples</li> </ul>		<input type="checkbox"/>
<p><b>10. PLO Assessment—Plan:</b> Describe your program's Program Learning Outcomes assessment plan. Summarize the major findings of your PLO assessments. What are some improvements that have been, or can be, implemented as a result of PLO assessment?</p>	<p>Provided:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of assessment plan</li> <li><input type="checkbox"/> Description of assessment plan is thorough</li> </ul>	<p>Information needed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of assessment plan</li> <li><input type="checkbox"/> Further description of assessment plan</li> </ul>		<input type="checkbox"/>

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<b>Looking Ahead</b>				
<b>11. Program Planning:</b> Go to the Planning module of SPOL and create objectives that describe your plans for program improvement. As you write your objectives, be sure to explain how they address any opportunities for improvement that you identified throughout this Program Review. Include any research, training, equipment or facilities improvements that are needed.	<b>Provided:</b> <input type="checkbox"/> Thorough description of program plans for improvement <input type="checkbox"/> Research, training, equipment or facilities improvements needed	<b>Information needed:</b> <input type="checkbox"/> Further description of program plans for improvement <input type="checkbox"/> Research, training, equipment or facilities improvements needed	<input type="checkbox"/> No recommendation or change needed	<input type="checkbox"/>

**Overall Commendations:**

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**Overall Program Effectiveness:**  Highly effective  
 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)**