# Administrative Planning Committee Annual Program Plan/Review Assessment

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| Program Name: | APC Member(s) Reviewers: |

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:  Summary of strengths  Summary of challenges  Summary of action plans  Thorough summary | Information needed:  Summary of strengths  Summary of challenges  Summary of action plans  Thorough summary |  |  |
| Program Context | | | |  |
| 1. Mission: | | | |  |
| 1. Program Description | Provides:  Evidence  Analysis  Impact on students  Efforts to make changes | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes |  |  |
| 1. Community and Labor Needs: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program. | Provides:  Community needs  Employment needs  Technology needs  Licensing  Accreditation  Impact on program | Information needed:  Community needs  Employment needs  Technology needs  Licensing  Accreditation  Impact on program | No recommendation or change needed  Not applicable |  |
| Looking Back | | | | |
| 1. Describe major accomplishments | Provides:  Evidence  Analysis  Impact on students  Efforts to make changes | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes |  |  |
| 1. 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:  Thorough description of new resources’ impact on program  Thorough description of impact on students  Efforts to make changes  Efforts to make changes | Information needed:  Further description of new resources’ impact on program  Further description of impact on students  Efforts to make changes | Not Applicable |  |

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| Current State of the Program | | | |  |
| 6A. State of the Program—Observation: 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 | No recommendation or change needed |  |
| 6B. State of Program—Evaluation: 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 | No recommendation or change needed |  |
| 7A. Service Area Outcomes (SAOs) Assessment Plan: 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 | No recommendation or change needed |  |
| 7B. SAO Assessment Results and Impact: 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 | No recommendation or change needed |  |
| Looking Ahead (at SPOL Planning Module) | | | | |
| 8. Strategic Action Plans:  Use this objective 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:  Thorough description of action plans | Information needed:  Further description of action plans | No recommendation or change needed |  |
| 9. Personnel request: See SPOL for details | Not review by APC | Not review by APC | No recommendation or change needed |  |
| 10. Equipment, technology, and facilities requests:  Use this objective to request supplies, equipment, technology or facilities improvements. | Provided:  Thorough description of action plans | Information needed:  Further description of action plans | No recommendation or change needed |  |

**Overall Commendations:**

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**Overall Program Effectiveness:**

* Highly effective
* Effective
* Needs program improvement

**Approval Process is embedded in SPOL (Approval from APC and president)**