

# Annual Program Plan/Review Assessment

## Student Services Planning Committee

|                           |                |
|---------------------------|----------------|
| Program Name:             |                |
| SSPC Member(s) Reviewers: | Date Reviewed: |

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

| Student Services Program Review   |  | Performance Level  |                          |                          |                             |
|---|--|--|--------------------------|--------------------------|-----------------------------|
|   |  | Commendations  | Recommendations          | Comments                 | ACCJC<br>Exemplary<br>Check |
| <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.   | Provides:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes | Information needed:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes | <input type="checkbox"/> |                          |                             |
| <b>Program Context</b>  |  |  |                          |                          |                             |
| 1. Mission:   |  |  |                          | <input type="checkbox"/> |                             |
| 2. Program Description  | Provides:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes | Information needed:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes | <input type="checkbox"/> |                          |                             |
| 3. <b>Community and Labor Needs:</b> Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program.  | Provides:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes | Information needed:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes | <input type="checkbox"/> |                          |                             |
| <b>Looking Back</b>   |  |  |                          |                          |                             |
| 4. Describe <b>major accomplishments</b>  | Provides:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes | Information needed:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes | <input type="checkbox"/> |                          |                             |
| 5. <b>Impact of Resources Allocations:</b> 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:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes | Information needed:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes | <input type="checkbox"/> |                          |                             |

| Student Services Program Review  |  | Performance Level  |                 |          |                          |
|--|--|--|-----------------|----------|--------------------------|
|  |  | Commendations  | Recommendations | Comments | ACCJC Exemplary Check    |
| <b>Current State of the Program</b>  |  |  |                 |          |                          |
| <b>6A. State of the Program—Observation:</b> Describe the current state of the program (include strengths and challenges)  | Provides:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes | Information needed:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes |                 |          | <input type="checkbox"/> |
| <b>6B. State of Program—Evaluation:</b> What changes could be implemented to improve your program?   | Provides:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes | Information needed:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes |                 |          | <input type="checkbox"/> |
| <b>7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:</b> State your current year SAOs and SLOs.   | Provides:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes | Information needed:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes |                 |          | <input type="checkbox"/> |
| <b>7B. SAO Assessment Plan:</b> Describe your program's SAO Assessment Plan.   | Provides:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes | Information needed:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes |                 |          | <input type="checkbox"/> |
| <b>7C. SAO Assessment Results and Impact:</b> Summarize the findings of your program's SAO Assessments.  | Provides:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes | Information needed:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes |                 |          | <input type="checkbox"/> |
| <b>7D. SLO Assessment Plan:</b> Describe your program's SLO Assessment Plan  | Provides:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes | Information needed:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes |                 |          | <input type="checkbox"/> |
| <b>7E. SLO Assessment Results and Impact:</b> Summarize the findings of your program's SLO Assessments. What are some improvements that have been, or can be, implemented as a result of SLO Assessment? | Provides:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes | Information needed:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes |                 |          | <input type="checkbox"/> |

| Student Services Program Review   |  | Performance Level  |  |                          |          |
|---|--|--|--|--------------------------|----------|
|   |  | Commendations  | Recommendations                                  | Comments                 |          |
| ACCJC Exemplary Check   |  |  |  |                          |          |
| <u>Looking Ahead</u>  |  |  |  |                          |          |
| 7F. SAOs and SLOs for the Next Review Cycle: Describe how you will address identified opportunities for improvement.  | Provides:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes | Information needed:<br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on students<br><input type="checkbox"/> Efforts to make changes |  | <input type="checkbox"/> |          |
| Resource Requests   |  | Developing   | Acceptable                                       | Exemplary                | Comments |
| 8. Equipment, technology, and facilities requests:<br>Use this objective to request supplies, equipment, technology or facilities improvements.   | <input type="checkbox"/> Information is unclear  | <input type="checkbox"/> Description is acceptable but needs additional information  | <input type="checkbox"/> Information is complete |                          |          |
| 9. Strategic Action Plans:<br>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. | <input type="checkbox"/> Information is unclear  | <input type="checkbox"/> Description is acceptable but needs additional information  | <input type="checkbox"/> Information is complete |                          |          |

**Overall Commendations:**

**Overall Recommendations:**

**Overall Program Effectiveness:**

- Highly effective
- Effective
- Needs program improvement

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

*See the executive summary under suggestion follow up in SPOL*

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