**Basic Program Information**

**Department Name:**

**Division Name:**

**Program Mission(s):**

Please list all Program Review team members who participated in this Program Review:

|  |  |  |
| --- | --- | --- |
| **Name** | **Department** | **Position** |
|  |  |  |
|  |  |  |
|  |  |  |

Please include the following information about your program:

|  |  |
| --- | --- |
| Total number of Full Time Faculty:  |   |
| Total number of Part Time Faculty:  |   |
| Total number of Classified Professionals:  |   |

|  |
| --- |
| **Please list all existing Classified positions:** |
| *Example: Administrative Assistant I* |
|  |

List all Programs\* covered by this review & check the appropriate column for program type:

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Name** | **Certificate of Achievement Program** | **Associate Degree Program** | **Pathway Program** |
|  |  |  |  |
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|  |  |  |  |

\*If you have a supporting program or pathway in your area for which you will be making resource requests, please analyze it within this program review (i.e. Integrated Reading and Writing, Math My Way, etc.) You will only need to address those data elements that apply.

 **Section 1: Data and Trend Analysis**

Please complete the appropriate data elements.

1. **Instructional Program Data:**

Data will be posted on <http://foothill.edu/staff/irs/programplans/programreviewdata.php>

You must manually copy data in the boxes below for every degree or certificate of achievement covered by this program review.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certificate and Degree Programs** | **2011-2012** | **2012-2013** | **2013-2014** | **% Change** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2011-2012** | **2012-2013** | **2013-2014** | **% Change** |
| **Enrollment**  |  |  |  |  |
| **Productivity** **(College Goal 2014-15: 535)** |  |  |  |  |

1. **Student Services Programs Data**

Please enter the number of students served over the last 3 years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2011-2012** | **2012-2013** | **2013-2014** | **% Change** |
| **Students Served** |  |  |  |  |

This data was obtained via the following sources (circle): CCC Apply, Ask Foothill, Credentials, SARS, Other (List)\_\_\_\_\_\_\_\_\_

1. **Administrative Unit Data**

Please enter the information below.

|  |  |  |  |
| --- | --- | --- | --- |
| Dimension | 2011-2012 | 2012-2013 | 2013-2014 |
| Students Served (Unduplicated) |  |  |  |
| Faculty Served |  |  |  |
| Staff Served |  |  |  |
| Full-time FTEF |  |  |  |
| Part-time FTEF |  |  |  |
| Full-time Staff |  |  |  |
| Part-time Staff |  |  |  |

Using the data entered for your program above, briefly comment (1-3 paragraphs) on changes in students or staff served, enrollment and/or productivity for your program in the last year.

What changes have been made or are planned as a result of your analysis of the data? (for example, new curriculum, new pre-requisites, a focus on student retention, changes in teaching approaches informed by SLO Assessments, changes in when classes are scheduled, better use of technology, etc.)

 **Section 2: Student Equity**

The college is committed to student equity, defined by the Student Equity Workgroup as fostering similar outcomes for all students. One targeted area for improvement in this year’s Student Equity plan is to increase the course completion rates for African American, Latino, and Pacific Islander students over the next three years by 3 percentage points.

Please describe how you see members of your program contributing to this goal.

Please review the equity data available to you on the students served in your program and their outcomes by ethnicity (including, for instructional programs, course success rates by ethnicity). If differences exist, what efforts have members of your program undertaken or discussed to address them? If your program has undertaken any initiatives or interventions as a result of these efforts or discussions, please share what you have learned as a result of these initiatives.

**Section 3: Outcomes Assessment Summary**

1. **Attach 2013-2014 Course-Level** (for Instructional Programs Only) – Four Column Report for CL-SLO Assessment from TracDat, please contact the Office of Instruction to assist you with this step if needed.
2. **Attach 2013-2014 Program Level** – (for all programs) Four Column Report for PL-SLO Assessment from TracDat, please contact the Office of Instruction to assist you with this step if needed.

 **Section 4: Assessment and Reflection**

**Based on your assessment data and reflections, please respond to the following prompts.**

1. **For instructional programs only, what curricular, pedagogical or other changes have you made as a result of your course level student learning outcomes (CL-SLO) assessments?**
2. **For instructional programs only, how has assessment of program-level student learning outcomes led to certificate/degree program improvements? Have you made any changes to your program based on the findings?**

For all programs: Instructional, Students Services, Administrative

1. **How do the objectives and outcomes in your area relate to the program-level student learning outcomes and to the college mission?**

Mission Statement: Foothill College offers educational excellence to diverse students seeking transfer, career preparation and enhancement, and basic skills mastery. We are committed to innovation, ongoing improvement, accessibility and serving our community.

1. **What do members of your program do to ensure that meaningful dialogue takes place in both shaping and evaluating/assessing your program’s student learning outcomes?**

**Section 5: Program Goals**

**Please comment on progress you have made on program goals from prior program reviews.**

Check the appropriate status box & provide explanation in the comment box.

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal/Outcome (This is NOT a resource request)** | **Related to prior resource request (Y/N)** | **Status:** **Completed,** **In progress or Revised** | **Comment on Status** |
| **1.**  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please list any new goals for your program you would like to undertake this year.** The goals should be linked to the college mission and be driven by data (including student and program learning outcomes reflections).

|  |  |  |
| --- | --- | --- |
| **Goal/Outcome (This is NOT a resource request)** | **How will this goal improve student success or respond to other key college initiatives?** | **How will progress toward this goal be measured?** |
| **1.**  |  |  |
|  |  |  |
|  |  |  |

**Section 6: Program Resources and Support**

**To be completed only if making a new resource request.**

**Using the tables below, summarize your program’s unfunded resource requests. Refer to the Operations Planning Committee website:** [**http://foothill.edu/president/operations.php**](http://foothill.edu/president/operations.php) **for current guiding principles, rubrics and resource allocation information.**

**Full Time Faculty and/or Staff Positions**

|  |  |  |
| --- | --- | --- |
| **Position** | **Related Goal from Table in section 5 and how this resource request supports this goal.** | **Was position previously approved in last 3 years? (y/n)** |
|  |  |  |
|  |  |  |
|  |  |  |

**Unbudgeted Reassigned Time** (calculate by % reassign time x salary/benefits of FT)

Indicate duties covered by requested reassign time:

|  |  |  |  |
| --- | --- | --- | --- |
| Responsibility | Related Goal from Table in section 5 and how this resource request supports this goal. |  | % Time |
|  |  |  |
|  |  |  |
|  |  |  |

**One Time B Budget Augmentation**

|  |  |  |
| --- | --- | --- |
| **Description** | **$ Amount** | **Related Goal from Table in section 5 and how this resource request supports this goal.** |
|  |  |  |
|  |  |  |
|  |  |  |

**Ongoing B Budget Augmentation**

|  |  |  |
| --- | --- | --- |
| **Description** | **$ Amount** | **Related Goal from Table in section 5 and how this resource request supports this goal.** |
|  |  |  |
|  |  |  |
|  |  |  |

**Facilities and Equipment**

|  |  |  |
| --- | --- | --- |
| **Facilities/Equipment Description** | **$ Amount** | **Related Goal from Table in section 5 and how this resource request supports this goal.** |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 7: Program Review Summary**

Address the concerns or recommendations that were made in prior program review cycles, including any feedback from Dean/VP, Program Review Committee, etc.

|  |  |
| --- | --- |
| **Recommendation** | **Comments** |
| 1. |  |
|  |  |
|  |  |

1. **After reviewing the data, what would you like to highlight about your program?**

**Section 8: Deans Feedback and Follow Up**

**This section is for the Dean to provide feedback.**

1. **Strengths and successes of the program as evidenced by the data and analysis:**
2. **Areas of concern, if any:**
3. **Recommendations for improvement:**
4. **Recommended next steps:**

\_\_\_ Proceed as planned on program review schedule

\_\_\_ Comprehensive Program Review (Out of cycle) Recommended

\_\_\_ Remediation Plan Recommended

*Upon completion of section 8, the Program Review should be returned to department faculty and staff for review, and then submitted to the Office of Instruction and Institutional Research for public posting. See timeline on Program Review Cover Sheet.*