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|  | Barstow Community CollegeNon-Instructional Program Review*(Refer to the* [**Program Review Handbook**](http://www.barstow.edu/PDF/Program_Review/PR-HANDBOOK.pdf)*when completing this form)* |

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| **SERVICE AREA/ ADMINISTRATIVE UNIT:** |  | | | |
|  | | | |
|  | | | |
| **Academic Year:** |  | **FULL PROGRAM REVIEW** | **Date Submitted:** |  |
|  | | | | |
| **Academic Year:** |  | **ANNUAL UPDATE #1** | **Date Submitted:** |  |
|  | | | | |
| **Academic Year:** |  | **ANNUAL UPDATE #2** | **Date Submitted:** |  |
|  | **By:** | | | |
| *Lead:* |  | | | |
|  |  | | | |
| *Members:* |  | | | |

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| 1. | Mission and Vision |
| 2. | Description and Overview |
| 3. | Data |
| 4. | Policies & Processes |
| 5. | Internal Factors |
| 6. | External Factors |
| 7. | Continuing Education and Professional Development |
| 8. | Prior Goals and Objectives |
| 9. | Action Plan: Goals/Objectives/Actions |
| 10. | Resources |
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| **1.** | **Mission and Vision** | | |
| A. | Service Area/Administrative Unit Mission | | |
| |  | | --- | |  | | | | |
| B. | | Service Area/Administrative Unit Vision *(Where would you like the Program to be three years from now?)* | | |
| |  | | --- | |  | | | | |
| C. | Describe how mission and vision align with and contribute to the College’s Mission and Vision | | |
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| **2.** | **Service Area/Administrative Unit Description and Overview** Assume the reader does not know anything about the Service Area or Administrative Unit. Describe the unit, including—but not limited to—the following: | | |
| A. | Organization, including staffing and structure | | |
| |  | | --- | |  | | | | |
| B. | Who do you service (including demographics)? | | |
| |  | | --- | |  | | | | |
| C. | What kind of services does your unit provide? | | |
| |  | | --- | |  | | | | |
| **D.** | **How do you provide them?** | | |
| |  | | --- | |  | | | | |
|  |  |  | |
| **3.** | **Data** | | |
| **A.** | Service Area/Administrative Unit Outcomes | | |
| **1)** | List the Service Area Outcomes (SAOs) or Administrative Unit Outcomes (AUOs) for your unit: | | |
| |  | | --- | |  | | | | |
| 2) | Summarize the progress your unit has made on SAO/AUO measures since the last program review: | | |
| |  | | --- | |  | | | |
| 3) | Describe any improvements made by your unit as a result of the outcomes assessment process: | | |
| *a. What did you learn from your evaluation of these measures?* | | | |
| |  | | --- | |  | | | | |
| *b. What improvements have you implemented as a result of your analysis of these measures?* | | | |
| |  | | --- | |  | | | | |
| c. *What improvements do you plan\* to implement as a result of your analysis of these measures?  (\*List any resources required for planned implementation in #10: Resources.)* | | | |
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| B. | OTHER ASSESSMENT DATA | | |
| 1) | List all OTHER quantitative and/or qualitative measures that you have chosen to gauge the effectiveness of your unit. | | |
| |  | | --- | |  | | | | |
| 2) | Summarize the results of these measures. | | |
| |  | | --- | |  | | | | |
| 3) | Describe any improvements made by your unit as a result of other assessment data listed in #1: | | |
| *a. What did you learn from your evaluation of these measures?* | | | |
| |  | | --- | |  | | | | |
| *b. What improvements have you implemented as a result of your analysis of these measures?* | | | |
| |  | | --- | |  | | | | |
| c. *What improvements do you plan\* to implement as a result of your analysis of these measures?  (\*List any resources required for planned implementation in #10: Resources.)* | | | |
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| **4.** | **Policies & Processes** | | | | |
| A. | What recent changes in policies, procedures and processes have impacted or will impact your Service Area or Administrative Unit? *(BCC BP/AP; Federal, State & local regulations; departmental guidelines)* | | | | |
| |  | | --- | |  | | | | | | |
| B. | Describe the effect the changes or updates in policies and processes in 4.A have had on the unit. | | | | |
| |  | | --- | |  | | | | | | | |
| C. | In addition to (or in response to) those listed in 4.A, what in-house policies, procedures, and processes need to be updated, created, or deleted? | | | | | |
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| **5.** | **Internal Factors** *(see Handbook for additional information)* | | | | |
| A. | Strengths: *Current aspects of the program or department that serve it and its future well. These aspects include what it does well, what it’s known for, what it takes pride in, and so forth. Strengths represent competencies or characteristics that the department or program may wish to enhance or preserve actively, even aggressively.* | | | | |
| |  | | --- | |  | | | | | | |
| B. | Weaknesses: *The program or department’s internal vulnerabilities. These are areas that, if not addressed, could become liabilities, or could contribute to an erosion of the department’s capacities and future growth. They represent areas where the organization needs to improve if it is to be successful for the long term.* | | | | |
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| **6.** | **External Factors** *(see Handbook for additional information)* | | | | |
| A. | Opportunities: *Current trends and events occurring outside the department that, if taken advantage of, are likely to have a positive effect on its long-term success. Examples may include: realistic training opportunities; industry trends; revenue-generation opportunities; development of new tools or technology to help manage workload.* | | | | |
| |  | | --- | |  | | | | | | |
| B. | Threats: *Current trends and events occurring outside the department or program that could jeopardize its success represent potential threats. Examples may include: state, regional, or institutional economic/budget climate; loss of support services; seasonal fluctuations in workload.* | | | | |
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| **7.** | **Continuing Education/Professional Development** | | | | |
| A. | What continuing education and/or professional development activities have program/unit members attended during the current cycle? | | | | |
| |  | | --- | |  | | | | | | |
| B. | How did this benefit your department and the College? | | | | |
| |  | | --- | |  | | | | | | |
| **C.** | What are the plans for continuing education and/or professional development in the upcoming cycle? | | | | |
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| **8.** | **Prior Goals/Objectives** | | | | |
| Briefly summarize the progress your program/unit has made in meeting the goals and objectives identified in the most recent Program Review or Annual Update. *(Include measurements of progress or assessment methods.)*  If the department does not have prior goals and objectives, please explain. | | | | | |
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| **9.** | **Goals/Objectives/Actions (ACTION PLAN)** | | | | |
| A. | GOALS: Formulate Goals to maintain or enhance unit strengths, or to address identified weaknesses. | | | | |
| B. | ALIGNMENT: Indicate how each Goal is aligned with the College’s Strategic Priorities. | | | | |
| C. | OBJECTIVES: Define Objectives for reaching each Goal. | | | | |
| D. | ACTIONS/TASKS REQUIRED TO ACHIEVE OBJECTIVE: Create a coherent set of specific steps (Actions/Tasks) that must be taken to achieve each Objective. | | | | |
| E. | OUTCOMES: State intended Outcomes and list appropriate measures and assessment methods for each Outcome. | | | | |
| F. | ADDITIONAL INFORMATION: This provides space for the additional communication of information necessary to further “close the loop” on the goal or action plan, as it relates to Institutional Planning. This may include references to other institutional documents, such as governing or compliance documents (i.e. Board Policy, Administrative Procedures, Title V), institutional planning documents (i.e. Strategic Plan, Educational Master Plan, Facilities Plan, Technology Plan), or Board, Presidential, Supervisory or Departmental recommendations or goals, etc. (See Handbook for additional examples.) | | | | |
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Complete the following table with your Program’s **ACTION PLAN**, which must include a **minimum of 3 goals**:

| **Action Plan** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | **GOAL** | **ALIGNMENT WITH  BCC STRATEGIC PRIORITIES** | **OBJECTIVE** | | **ACTIONS/TASKS REQUIRED TO ACHIEVE OBJECTIVE** | **OUTCOMES, MEASURES, and ASSESSMENT** |
| **#1** |  | ***List all that apply:*** | **#1** |  |  |  |
|  | **#2** |  |  |  |
|  | **#3** |  |  |  |
|  | ***Additional Information:*** |  | | | | |
| **#2** |  | ***List all that apply:*** | **#1** |  |  |  |
|  | **#2** |  |  |  |
|  | **#3** |  |  |  |
|  | ***Additional Information:*** |  | | | | |
| **#3** |  | ***List all that apply:*** | **#1** |  |  |  |
|  | **#2** |  |  |  |
|  | **#3** |  |  |  |
|  | ***Additional Information:*** |  | | | | |

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| **10.** | **Resources Required** |
| List all significant resources needed to achieve the objectives shown in the table above, including personnel, training, technology, information, equipment, supplies, and space. Every request for additional resources must support at least one objective.  Also list any resources required to implement planned improvements noted in 3.A.3)c.  IMPORTANT: A [BUDGET ALLOCATION PROPOSAL](http://www.barstow.edu/doc/Program_Review/Budget-Allocation-Proposal.docx) must be completed and submitted for EACH new resource requested. *(Click the link to access the form.)* | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Goal #** | **Objective #** | **Resource Required** | **Estimated Cost** | **BAP Required? Yes or No** | **If No, indicate funding source** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | |

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| **Annual** **Update #1** | | | | | | | | **Academic Year:** | | |  | | |  |
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|  |  | | | | | | | | | | | | | |
| **1.** | **Progress on Service Area/Administrative Unit Outcomes (SAOs/AUOs)** *(from #3A of full PR)* | | | | | | | | | | | | | |
| **A)** | List the Service Area Outcomes (SAOs) or Administrative Unit Outcomes (AUOs) for your unit: | | | | | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | | | | | | |
| B) | Summarize the progress your unit has made on SAO/AUO measures since the last program review: | | | | | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | | | | | | |
| C) | Describe any improvements made by your unit as a result of the outcomes assessment process: | | | | | | | | | | | | | |
| *1. What did you learn from your evaluation of these measures?* | | | | | | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | | | | | | |
| *2. What improvements have you implemented as a result of your analysis of these measures?* | | | | | | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | | | | | | |
| 3. *What improvements do you plan\* to implement as a result of your analysis of these measures?  (\*List any resources required for planned implementation in #3: Resources.)* | | | | | | | | | | | | | | |
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| **2.** | | **GOALS AND OBJECTIVES** *(Taken From #9--Action Plan--of FULL Program Review)* | | | | | | | | | | | | |
|  | | **GOAL** | | | **OBJECTIVE** | | | | | **ACTIONS/TASKS REQUIRED TO ACHIEVE OBJECTIVE** | | | **OUTCOMES, MEASURES, and ASSESSMENT** | |
| **#1** | |  | | | **#1** | |  | | |  | | |  | |
|  | | **#2** | |  | | |  | | |  | |
|  | | **#3** | |  | | |  | | |  | |
| **Goal #1 Annual Update:** (Assess progress made toward goal attainment) | | | | | | | | | | | | | | |
| *(Type the update for Goal #1 in this box)* | | | | | | | | | | | | | | |
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|  | | **GOAL** | | **OBJECTIVE** | | | | | **ACTIONS/TASKS REQUIRED TO ACHIEVE OBJECTIVE** | | | **OUTCOMES, MEASURES, and ASSESSMENT** | | |
| **#2** | |  | | **#1** | |  | | |  | | |  | | |
|  | | **#2** | |  | | |  | | |  | | |
|  | | **#3** | |  | | |  | | |  | | |
| **Goal #2 Annual Update:** (Assess progress made toward goal attainment) | | | | | | | | | | | | | | |
| *(Type the update for Goal #2 in this box)* | | | | | | | | | | | | | | |
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|  | | **GOAL** | | **OBJECTIVE** | | | | | **ACTIONS/TASKS REQUIRED TO ACHIEVE OBJECTIVE** | | | **OUTCOMES, MEASURES, and ASSESSMENT** | | |
| **#3** | |  | | **#1** | |  | | |  | | |  | | |
|  | | **#2** | |  | | |  | | |  | | |
|  | | **#3** | |  | | |  | | |  | | |
| **Goal #3 Annual Update:** (Assess progress made toward goal attainment) | | | | | | | | | | | | | | |
| *(Type the update for Goal #3 in this box)* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **3.** | **Resources Required** | | | | | | | | | | | | | |
| List all significant resources needed to achieve the objectives shown in your action plan, including personnel, training, technology, information, equipment, supplies, and space. Every request for additional resources must support at least one objective.  Also list any resources required to implement planned improvements.  IMPORTANT: A BUDGET ALLOCATION PROPOSAL must be completed and submitted for EACH new resource requested. | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Goal #** | **Objective #** | **Resource Required** | **Estimated Cost** | **BAP Required? Yes or No** | **If No, indicate funding source** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | | | | | | | | | | | | | |
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| **Annual Update #2** | | | | | | | **Academic Year:** | | |  | | |  |
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|  |  | | | | | | | | | | | | |
| **1.** | **Progress on Service Area/Administrative Unit Outcomes (SAOs/AUOs)** *(from #3A of full PR)* | | | | | | | | | | | | |
| **A)** | List the Service Area Outcomes (SAOs) or Administrative Unit Outcomes (AUOs) for your unit: | | | | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | | | | | |
| B) | Summarize the progress your unit has made on SAO/AUO measures since the last program review: | | | | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | | | | | |
| C) | Describe any improvements made by your unit as a result of the outcomes assessment process: | | | | | | | | | | | | |
| *1. What did you learn from your evaluation of these measures?* | | | | | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | | | | | |
| *2. What improvements have you implemented as a result of your analysis of these measures?* | | | | | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | | | | | |
| 3. *What improvements do you plan\* to implement as a result of your analysis of these measures?  (\*List any resources required for planned implementation in #3: Resources.)* | | | | | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |
| **2.** | | **GOALS AND OBJECTIVES (Taken From #9--Action Plan--of FULL Program Review)** | | | | | | | | | | | |
|  | | **GOAL** | | **OBJECTIVE** | | | | | **ACTIONS/TASKS REQUIRED TO ACHIEVE OBJECTIVE** | | | **OUTCOMES, MEASURES, and ASSESSMENT** | |
| **#1** | |  | | **#1** | |  | | |  | | |  | |
|  | | **#2** | |  | | |  | | |  | |
|  | | **#3** | |  | | |  | | |  | |
| **Goal #1 Annual Update:** (Assess progress made toward goal attainment) | | | | | | | | | | | | | |
| *(Type the update for Goal #1 in this box)* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | **GOAL** | **OBJECTIVE** | | | | | **ACTIONS/TASKS REQUIRED TO ACHIEVE OBJECTIVE** | | | **OUTCOMES, MEASURES, and ASSESSMENT** | | |
| **#2** | |  | **#1** | |  | | |  | | |  | | |
|  | | **#2** | |  | | |  | | |  | | |
|  | | **#3** | |  | | |  | | |  | | |
| **Goal #2 Annual Update:** (Assess progress made toward goal attainment) | | | | | | | | | | | | | |
| *(Type the update for Goal #2 in this box)* | | | | | | | | | | | | | |
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|  | | **GOAL** | **OBJECTIVE** | | | | | **ACTIONS/TASKS REQUIRED TO ACHIEVE OBJECTIVE** | | | **OUTCOMES, MEASURES, and ASSESSMENT** | | |
| **#3** | |  | **#1** | |  | | |  | | |  | | |
|  | | **#2** | |  | | |  | | |  | | |
|  | | **#3** | |  | | |  | | |  | | |
| **Goal #3 Annual Update:** (Assess progress made toward goal attainment) | | | | | | | | | | | | | |
| *(Type the update for Goal #3 in this box)* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **3.** | **Resources Required** | | | | | | | | | | | | |
| List all significant resources needed to achieve the objectives shown in your action plan, including personnel, training, technology, information, equipment, supplies, and space. Every request for additional resources must support at least one objective.  Also list any resources required to implement planned improvements.  IMPORTANT: A BUDGET ALLOCATION PROPOSAL must be completed and submitted for EACH new resource requested. | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Goal #** | **Objective #** | **Resource Required** | **Estimated Cost** | **BAP Required? Yes or No** | **If No, indicate funding source** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | | | | | | | | | | | | |