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|  | Barstow Community CollegeInstructionalProgram 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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| **PROGRAM:** |  |
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| **Academic Year:** |  | **FULL PROGRAM REVIEW**  | **Date Submitted:** |  |
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| **Academic Year:** |  | **ANNUAL UPDATE #1**  | **Date Submitted:** |  |
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| **Academic Year:** |  | **ANNUAL UPDATE #2** | **Date Submitted:** |  |
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|  | **By:** |
|  *Faculty Lead:* |  |
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| *Members:* |  |

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| 1. | Mission and Vision |
| 2. | Description and Overview |
| 3. | Program Data |
| 4. | Curriculum |
| 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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|  | [**Annual Update**](#Update) **#1** |
|  | [**Annual Update #2**](#Update2) |

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| **1.** | **Program** **Mission and Vision** |
| A. Program Mission |
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| B. Program Vision *(Where would you like the Program to be three years from now?)* |
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| C. Describe how mission and vision align with and contribute to the College’s Mission and Vision |
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| **2.** | **Pr****ogram Description and Overview**Assume the reader does not know anything about the Program. Describe the Program, including—but not limited to—the following: |
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| A. | Organization, including staffing and structure |
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| B. | Who do you service (including demographics)? |
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| C. | What kind of services does your unit provide? |
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| **D.** | **How do you provide them?** |
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| **E.** | **Does the program have a degree or certificate?** |  |  |

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| **3. Program** **Data** |
| A. PERFORMANCE DATA |
| Discuss the program’s performance on the specific data items listed below: |
| 1) Full-time/Part-Time Faculty Ratio |
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|  | TRADITIONAL |  | ONLINE |  |
| 2) Course Completion Rate |  |  |  |  |
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| 3) Course Success/Retention Rate |  |  |  |  |
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| 4) WSCH/FTEF Ratio |  |  |  |  |
|  | Full-time: |  |  |  |  |
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|  | Part-time: |  |  |  |  |
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| 5) Fill Rate  |  |  |  |  |
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| **Reflect on the data above:** |
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| B. Progress on Program Level Outcomes (PLOs) and Student Learning Outcomes (SLOs)  |
| **1)**  | **List your Program Level Outcomes (PLOs).** |
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| **2)**  | **Summarize the progress you have made on Program Level Outcomes.** |
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| **3)**  | **Summarize the progress made on course-level outcomes and assessments; use specific data, if possible.** |
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| **4)**  | **Describe any program, course, and/or instructional changes made by your program as a result of the outcomes assessment process.** |
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| **5)**  | **Reflecting on the responses for #2 and #3 above, what will you implement for the next assessment cycle?** |
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| C. SUPPORTING ASSESSMENT DATA *(See Handbook for additional information)* |
| **1)** | **Provide a list of any additional measures** *(not included in 3.A.)* **that you have chosen to gauge your program’s effectiveness** *(e.g.: transfers, degrees, certificates, satisfaction, student contacts, student headcount, Perkin’s data, etc.).* |
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| 1a) | If this is a CTE program ending with a certificate or degree, include data on employment opportunities, compliance with advisory recommendations, and fiscal viability of program. *(Include labor market and demand information using resources in CTE and the PR Handbook.)* |
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| **2)** | **Summarize the results of the measures listed in #1 above:** |
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| **3)** | **What did you learn from your evaluation of these measures, and what improvements have you implemented, or 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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| D. TWO YEAR SCHEDULING PLAN |
| **1)** | **What is the program’s Two-Year Scheduling Plan?**  |
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| **2)** | **What changes, if any, have been made since the last Program Review?** |
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| 3) | How effective has the Two-Year Scheduling Plan been in meeting student needs and educational goals? If this is a degree or certificate pathway, can students complete in two years? |
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| 4) | Reflecting on the responses above, what are the goals for the next program review cycle? |
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| **4.** | **Curriculum** |
| **A.** | List any new courses or program changes since the last program review. Be sure to include if any new courses have approved prerequisites or corequisites. |
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| B. | Verify currency of curriculum: Other than above, what changes have been made in the curriculum since the last full program review? (*Updates, delivery mode changes, archives, deletions, revisions, etc.)* |
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| *1)* | *CURRICULUM CURRENCY: Verify that all Transfer Level Courses are current and aligned for transfer. (May require reviewing ASSIST or meeting with Articulation Officer.)*  |
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| *2)* | *CURRICULUM DEVELOPMENT: Verify that all textbooks on Course Outlines of Record (COR) are up to date. Normally, textbook editions should be within five years for articulation. (Contact Articulation Officer for additional information.)*  |
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| C. | List any courses not in full compliance with appropriate guidelines, including ASSIST, C-ID, Curriculum Committee, prerequisite validation, etc. *(NOTE: Any courses that have not been updated in the past six years may not be in compliance. See Curriculum Manual or Articulation Officer for additional information, if necessary.)* |
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| D. | Curriculum Development: What is the plan for maintaining the currency and viability of your curriculum *(including all modes of delivery)*? |
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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.*  |
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| 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.* |
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| 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?  |
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| B. | How did this benefit your department and the College? |
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| **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 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 program does not have prior goals and objectives, please explain.
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| **9.** | **Goals/Objectives/Actions (****ACTION PLAN)** |
| A. | GOALS: Formulate Program Goals to maintain or enhance program 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 area provides 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.)* |

Complete the following table with your Program’s **ACTION PLAN**, which must include a **minimum of 3 goals**:

| **Action Plan** |
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|  | **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.C.3)IMPORTANT: A BUDGET ALLOCATION PROPOSAL must be completed and submitted for EACH new resource requested.  |
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| **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 Program Level Outcomes (PLOs) and Student Learning Outcomes (SLOs)(from #3B of full PR) |
| **A)** | **List your Program Level Outcomes:** |
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| **B)** | **Summarize the progress you have made on Program Level Outcomes (PLOs):** |
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| **C)** | **Summarize the progress you have made on course level outcomes and assessments (SLOs):** |
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| **D)** | **Describe any program, course, and/or instructional changes made by your program as a result of the outcomes assessment process.** |
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| **E)** | **Reflecting on the responses for B) and C) above, what will you implement for the next assessment cycle?** |
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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) |
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|  | **GOAL** | **OBJECTIVE** | **ACTIONS/TASKS REQUIRED TO ACHIEVE OBJECTIVE** | **OUTCOMES, MEASURES, and ASSESSMENT** |
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| **#2** |  | **#1** |  |  |  |
|  | **#2** |  |  |  |
|  | **#3** |  |  |  |
| **Goal #2 Annual Update:** (Assess progress made toward goal attainment) |
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|  | **GOAL** | **OBJECTIVE** | **ACTIONS/TASKS REQUIRED TO ACHIEVE OBJECTIVE** | **OUTCOMES, MEASURES, and ASSESSMENT** |
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| **#3** |  | **#1** |  |  |  |
|  | **#2** |  |  |  |
|  | **#3** |  |  |  |
| **Goal #3 Annual Update:** (Assess progress made toward goal attainment) |
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| **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 noted in 3.C.3)IMPORTANT: A BUDGET ALLOCATION PROPOSAL must be completed and submitted for EACH new resource requested.  |
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| **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 Program Level Outcomes (PLOs) and Student Learning Outcomes (SLOs)(from #3B of full PR) |
| **A)** | **List your Program Level Outcomes:** |
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| **B)** | **Summarize the progress you have made on Program Level Outcomes (PLOs):** |
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| **C)** | **Summarize the progress you have made on course level outcomes and assessments (SLOs):** |
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 |
| **D)** | **Describe any program, course, and/or instructional changes made by your program as a result of the outcomes assessment process.** |
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| **E)** | **Reflecting on the responses for B) and C) above, what will you implement for the next assessment cycle?** |
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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) |
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|  | **GOAL** | **OBJECTIVE** | **ACTIONS/TASKS REQUIRED TO ACHIEVE OBJECTIVE** | **OUTCOMES, MEASURES, and ASSESSMENT** |
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| **#2** |  | **#1** |  |  |  |
|  | **#2** |  |  |  |
|  | **#3** |  |  |  |
| **Goal #2 Annual Update:** (Assess progress made toward goal attainment) |
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|  | **GOAL** | **OBJECTIVE** | **ACTIONS/TASKS REQUIRED TO ACHIEVE OBJECTIVE** | **OUTCOMES, MEASURES, and ASSESSMENT** |
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| **#3** |  | **#1** |  |  |  |
|  | **#2** |  |  |  |
|  | **#3** |  |  |  |
| **Goal #3 Annual Update:** (Assess progress made toward goal attainment) |
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| **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 noted in 3.C.3)IMPORTANT: A BUDGET ALLOCATION PROPOSAL must be completed and submitted for EACH new resource requested.  |
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| **Goal #** | **Objective #** | **Resource Required** | **Estimated Cost** | **BAP Required? Yes or No** | **If No, indicate funding source** |
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