**What is a Non-Instructional Program?**

*Non-instructional programs represent all Administrative and Business Services, Student Services, and non-instructional Academic Affairs areas at BCC.*

**Non-Instructional Program Name**

Please indicate the program name: Click or tap here to enter text.

Academic Year: Click or tap here to enter text.

Name(s) of Submitter(s): Click or tap here to enter text.

# **Area Description**

*The purpose of this section is to provide the reader and/or reviewer with a brief snapshot of the area. This section should be kept short, a few paragraphs at the most, and address the following:*

### What is the area mission and how does it support the institutional mission?

Click or tap here to enter text.

### What is the area vision and how does it support the institutional vision?

Click or tap here to enter text.

### Please provide a short area description:

Click or tap here to enter text.

### How does your area align to and/or support one or more of the following BCC Strategic Priorities?

Click or tap here to enter text.

* Innovate to Achievable Equitable Student Success
* Ignite a Culture of Learning and Innovation
* Build Community
* Achieve Sustainable Excellence in all Operations

# **Area Effectiveness**

*The purpose of this section is to evaluate the area holistically by reviewing and analyzing data within the context of serving the area’s internal and external customers, helping students reach their goals, and furthering the mission of BCC.*

*For each item below, review the data provided. As you examine the data, be on the lookout for trends and outliers.*

*Provide a short analysis (2-3 sentences) for each item. If data are not available (i.e., student satisfaction surveys), please indicate that on the form.*

### **Customers**

Demographics of internal and external customers – who do you serve?

Click or tap here to enter text.

###  **Policies and Process Response**

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; guidelines). Describe the effect the changes or updates in policies and processes have had on the unit.

Click or tap here to enter text.

What in-house policies, procedures, and processes need to be updated, created, or deleted?

Click or tap here to enter text.

**Collaboration with Other Areas Response**

What areas and/or administrative units are integral to the work of your area and why? Please provide examples of collaborating with other areas on projects, process improvement, etc.

Click or tap here to enter text.

What other areas have you worked with? Please provide examples of collaborating with other areas on projects, process improvement, etc.

Click or tap here to enter text.

 What other areas do you want or need to work with more and why?

Click or tap here to enter text.

### **Staffing**

Area Organization – state any changes in past few years

Click or tap here to enter text.

 Please list any professional development that staff has participated in (Standard 3.2)

Click or tap here to enter text.

Please list any professional development staff would benefit from (Standard 3.2)

Click or tap here to enter text.

Do staff receive an annual employee evaluation on a regular basis (Standard 3.3)? If no, please explain.

Click or tap here to enter text.

Is the staffing within the department sufficient to meet all responsibilities in a timely manner and support internal and external customers adequately (Standard 2.7)?

Click or tap here to enter text.

### **Area Effectiveness Data and Analysis**

Satisfaction Surveys

Click or tap here to enter text.

 Audits, project tracking, etc.

Click or tap here to enter text.

Student Equity Data

Specifically discuss any equity gaps that have surfaced in the data. What innovative plans or projects will help to close these gaps?

Click or tap here to enter text.

[Institution-set Standards](https://www.barstow.edu/about-bcc/institutional-effectiveness)

If applicable, reflect on how the department/unit assists the college in reaching the institution-set standards and stretch goals. What innovative plans or projects will help to address any deficiencies.

Click or tap here to enter text.

Other Supporting Data (Qualitative or Quantitative)

Click or tap here to enter text.

### **SWOT Analysis**

*Conducting a SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats) is another tool that can help areas evaluate themselves. The SWOT Analysis not only looks internally, but externally as well.*

*The SWOT Analysis provides a way for areas to highlight their accomplishments and also identify possible gaps or issues that need to be addressed.*

|  |  |  |
| --- | --- | --- |
|  | **Positive/ Helpful** | **Negative/ Harmful** |
| **Internal** | STRENGTHSClick or tap here to enter text. | WEAKNESSESClick or tap here to enter text. |
| **External** | OPPORTUNITIESClick or tap here to enter text. | THREATSClick or tap here to enter text. |

# **Goals and Service Area Outcomes (SAOs)/Administrative Unit Outcomes (AUOs)**

*The purpose of this section is to use data to develop goals, expected SAOs/AUOs for the next three years, and to reflect upon goals and outcomes from the previous cycle
You should reflect on and incorporate the responses from all the previous questions and the SWOT analysis into this section.
As you develop goals and outcomes:*

* 1. *formulate* ***two to three goals with an expected outcome for each*** *that will help maintain or enhance program strengths or will act as an intervention to an identified weakness (cite evidence from assessment data and/or other area effectiveness data).*
	2. *indicate the* ***status*** *of the SAO/AUO (ex: is the goal or outcome new, a carry-over from the previous program review cycle, etc.)*
	3. *indicate how each goal and outcome are* ***aligned*** *with the College’s* [*Strategic Priorities.*](https://www.barstow.edu/about-bcc/institutional-effectiveness/strategic-plan)
	4. *indicate how each goal and outcome are* ***aligned*** *with the Pillars of Guided Pathways.*
	5. *List at least one* ***action/strategy*** *for each goal/outcome.*
	6. *Explain how you will* ***measure*** *the goal/outcome.*
	7. *List any* ***resources*** *that will be needed to achieve the goal/outcome*

## **GOAL #1**

Click or tap here to enter text.

##  **Expected Service Area Outcome/Administrative Unit Outcome**

Click or tap here to enter text.

1. This Goal/Outcome is

[ ]  New

[ ]  Continued

[ ]  Modified

*If modified please list how and why.*

Click or tap here to enter text.

1. Alignment to BCC Strategic Priority *(Select at least one but choose all that apply)*

Choose an item.

Choose an item.

Choose an item.

Choose an item.

1. Relationship to Guided Pathways

[ ]  Clarify the Path

[ ]  Entering the Path

[ ]  Staying on the Path

[ ]  Support Learning

1. Please list actions/strategies for achieving this goal/outcome*.*

Click or tap here to enter text.

1. Briefly explain how you will measure the goal/outcome*.*

Click or tap here to enter text.

1. Please list resources (if any) that will be needed to achieve the goal/outcome*.*

Click or tap here to enter text.

## **GOAL #2**

Click or tap here to enter text.

##  **Expected Service Area Outcome/Administrative Unit Outcome**

Click or tap here to enter text.

1. This Goal/Outcome is

[ ]  New

[ ]  Continued

[ ]  Modified

*If modified please list how and why.*

Click or tap here to enter text.

1. Alignment to BCC Strategic Priority *(Select at least one but choose all that apply)*

Choose an item.

Choose an item.

Choose an item.

Choose an item.

1. Relationship to Guided Pathways

[ ]  Clarify the Path

[ ]  Entering the Path

[ ]  Staying on the Path

[ ]  Support Learning

1. Please list actions/strategies for achieving this goal/outcome*.*

Click or tap here to enter text.

1. Briefly explain how you will measure the goal/outcome*.*

Click or tap here to enter text.

1. Please list resources (if any) that will be needed to achieve the goal/outcome*.*

Click or tap here to enter text.

## **GOAL #3**

Click or tap here to enter text.

##  **Expected Service Area Outcome/Administrative Unit Outcome**

Click or tap here to enter text.

1. This Goal/Outcome is

[ ]  New

[ ]  Continued

[ ]  Modified

*If modified please list how and why.*

Click or tap here to enter text.

1. Alignment to BCC Strategic Priority *(Select at least one but choose all that apply)*

Choose an item.

Choose an item.

Choose an item.

Choose an item.

1. Relationship to Guided Pathways

[ ]  Clarify the Path

[ ]  Entering the Path

[ ]  Staying on the Path

[ ]  Support Learning

1. Please list actions/strategies for achieving this goal/outcome*.*

Click or tap here to enter text.

1. Briefly explain how you will measure the goal/outcome*.*

Click or tap here to enter text.

1. Please list resources (if any) that will be needed to achieve the goal/outcome*.*

Click or tap here to enter text.

## **Previous Goals/Outcomes**Were any outcomes discontinued or completed? Please speak to outcomes you are not carrying forward from the previous program review cycle and discuss why.

Click or tap here to enter text.

1. **Resource Requests**

Did you receive any resources over the last cycle? Did the funding of resource(s) have the positive changes the discipline or program was looking for?

Click or tap here to enter text.

*What does the area need to meet its goals and outcomes? Resource requests should be evidence-based and tied to goals and objectives stated above.*

*Resources may be requested from the following categories:*

* 1. *Personnel/Staffing*
	2. *Technology Resource*
	3. *Facilities Resource*
	4. *Professional Development*
	5. *Other*

***For all resource requests departments/areas should utilize the*** [***Budget Allocation Proposal form***](https://www.barstow.edu/sites/default/files/media/document/2021/BAP%20Form%20REV%209-27-2021.docx) ***and submit with their program review.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal/ Outcome #** | **Resource Required** | **Estimated Cost** | **BAP****Required? Yes or No** | **If no, indicate funding source** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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