

Instructional Program Review- Annual Update Template

Instructional Program

Indicate the type of program: AA; AS; AA-T; AS-T; Certificate

Program Name: Chemistry

Academic Year: 2025

Name of Faculty Submitter(s): Christopher Nalbandian & Ashley Vizenor

Annual Update #1 #2

**Note: An Annual Update must be submitted each year that a Program Review is not submitted.*

I. Progress on Program Level Outcomes (PLOs) and Student Learning Outcomes (SLOs) Data

A) Summarize the progress made on course level outcomes and assessments (SLOs):

Course success rates have increased or remained steady from 23-24 to 24-25 across all demographics. The largest increases in success rates have come from the Hispanic and Black/African American demographics. The success rate has increased a little over 10% when comparing the lowest percent success rates. The lowest success rate was in the Black/African American in 23-24 demographic at 76.1% and the new lowest success rate demographic 2 or more in 24-35 is 87.9%. The success rates are above satisfactory and remain an indicator of student learning.

B) Please list specific courses or SLOs that were identified for student-centered growth and improvement.

Use the information from Part C of the "Program Learning Outcomes Assessment Data" section of the IPR.

More students need to be assessed to draw any conclusions for areas of focus and improvement

1) List the actions identified to help grow or improve those areas.

Click or tap here to enter text.

2) Discuss the progress the program has made on those actions. Include any data used to support progress.

Click or tap here to enter text.

C) Please list any actions identified to support equitable outcomes.

Use the information from Part D of the "Program Learning Outcomes Assessment Data" section in the IPR.

Click or tap here to enter text.

1) List the specific student groups the program identified as students they would like to focus their efforts on.

Women and PoC

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2) Discuss any progress with equitable action within the program and any measures taken to ensure the identified student group(s) would receive appropriate support. Include any data used to support progress.
We need more data to see progress trends.

D) Describe any other program, course, and/or instructional changes made by your program as a result of the outcomes assessment process.
Chem 3a and 3b are now being offered this year on campus with the required in person lab component.

E) Reflecting on the responses for B) and C) above, what will you implement for the next assessment cycle?
N/A

II. Progress Toward Achieving Program Goals, Objectives, and Outcomes

These should be carried forward from your full Program Review (Section III), or from your Annual Update #1, if revised since your full Program Review.

A) List the 2-3 goals from your Program Review or most recent update.

1. GOAL #1

Develop a comprehensive online learning framework for students that offers full degree and certificate programs, that integrates up-to-date technology resources, and that in addition provides flexible, robust online support for faculty

2. GOAL #2

Hire a lab coordinator to facilitate on-campus laboratory sections.

3. GOAL #3

Hire one full-time chemistry faculty member

B) Have any goals been completed or discontinued?

If yes, please list the goal and whether it has been completed or discontinued; if discontinued, please explain why.

Yes No

Goal #1 had to be discontinued because of in person lab requirements for majors courses.

Goal #2 has been completed. We hired a full time lab coordinator for on campus laboratory sections.

Goal #3 has not been completed. Enrollment data needs to be monitored and assessed for hiring another full time chemistry faculty member. Enrollements and the number of course offerings would support another full time faculty member.

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C) Discuss the objectives and related outcomes for each goal.

1. GOAL #1 Objective(s) with related Outcome.

Goal #1 has been discontinued

- **Discuss any progress toward meeting the goal based on the goal objectives.**
Click or tap here to enter text.
- **Briefly explain how you have been measuring the goal and any notable indicators of forward progress.**
Click or tap here to enter text.

2. GOAL #2 Objectives with related Outcome.

Goal #2 has been completed.

- **Discuss any progress toward meeting the goal based on the goal objectives.**
Click or tap here to enter text.
- **Briefly explain how you have been measuring the goal and any notable indicators of forward progress.**
Click or tap here to enter text.

3. GOAL #3 Objectives with related Outcome.

Goal # 3 is in progress

- **Discuss any progress toward meeting the goal based on the goal objectives.**
The courses offereings and enrollments from 23-24 to 24-25 have increased and would support the hiring of another faculty member.
- **Briefly explain how you have been measuring the goal and any notable indicators of forward progress.**
The indicators of progress to accomplish this goal are monitoring the number of course offerings and enrollment data.

D) List any resource you are requesting for each goal.

1. Goal 1 Goal 2 Goal 3

Please list the resource and how it relates to the goal.

Funding for a full time chemistry faculty member. The funding and approval to hire another full time chemistry faculty memember would accomplish goal 3.

2. Goal 1 Goal 2 Goal 3

Please list the resource and how it relates to the goal.

Click or tap here to enter text.

3. Goal 1 Goal 2 Goal 3

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Please list the resource and how it relates to the goal.

Click or tap here to enter text.

III. New Goals (optional)

This section is optional and should be used to replace a completed or discontinued goal OR if a new goal has become necessary for the program.

A. NEW GOAL #1

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.

2. Relationship to Guided Pathways

- Clarify the Path
- Entering the Path
- Staying on the Path
- Support Learning

3. Please list at least one objective for achieving this goal.

Click or tap here to enter text.

4. Please list outcome statements for each objective.

Click or tap here to enter text.

5. Briefly explain how you will measure the outcome.

Click or tap here to enter text.

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

Click or tap here to enter text.

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B. NEW GOAL #1

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.

2. Relationship to Guided Pathways

- Clarify the Path
- Entering the Path
- Staying on the Path
- Support Learning

3. Please list at least one objective for achieving this goal.

Click or tap here to enter text.

4. Please list outcome statements for each objective.

Click or tap here to enter text.

5. Briefly explain how you will measure the outcome.

Click or tap here to enter text.

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

Click or tap here to enter text.

IV. Resource Requests: What does the program need to meet its goals and objectives?

What does the program need to meet its goals and objectives?

List all resources from Sections II.D and III.6 below.

If there was no room on the template to list all resources being requested for a single goal/objective, you may list additional resource requests here. Also list any resources required to implement planned improvements.

Instructional Program Review- Annual Update Template

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	In 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.					

BUDGET ALLOCATION PROPOSAL

Date: <u>10/1/2025</u>	Originator: <u>Ashley Vizenor / Emily Garrison</u>		
Program or Department Name: <u>Chemistry</u>			
Dean/Vice President/Supervisor: <u>Emily Garrison</u>			
What are you requesting? (Brief) <u>Full-Time Chemistry Faculty</u>			
Amount Requested: <u>\$100,000</u>	<input type="checkbox"/> One-time Funding <input checked="" type="checkbox"/> Ongoing Funding		
Funding Source (if known): <u></u>			
REQUEST TYPE:			
<input checked="" type="checkbox"/> Personnel/Staffing <i>Complete Personnel/Staffing section below</i> <input type="checkbox"/> OTHER	<input type="checkbox"/> Technology Resource <i>Complete Technology section below</i>	<input type="checkbox"/> Facilities Resource <i>Complete Facilities section below</i>	<input type="checkbox"/> Professional Development <i>Complete Professional Development section below</i>

PERSONNEL/STAFFING REQUEST			
Is the position request for:	<input checked="" type="checkbox"/> Faculty	<input type="checkbox"/> Classified	<input type="checkbox"/> Management/Confidential
Is the position requested:	<input type="checkbox"/> A new classification (Attach <i>proposed</i> job description, or <i>detailed</i> list of proposed duties)		
	<input checked="" type="checkbox"/> An existing classification <i>Official Job Title:</i> <u>Professor of Chemistry</u>		
Is the position requested:	<input checked="" type="checkbox"/> Full Time	<input type="checkbox"/> Part Time:	_____ Months/Year _____ Hours/Week

TECHNOLOGY RESOURCE REQUEST					
Indicate the category of the request:					
<input type="checkbox"/> Hardware	<input type="checkbox"/> Software	<input type="checkbox"/> Printer/Copier	<input type="checkbox"/> Network	<input type="checkbox"/> Audio-Visual	<input type="checkbox"/> License/Maintenance
Indicate the intended users:		<input type="checkbox"/> Students	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Other
Is training required?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: _____	
How will it be secured?		<input type="checkbox"/> Alarm	<input type="checkbox"/> Secure Room	<input type="checkbox"/> Secure Cabinet	<input type="checkbox"/> Cable/Lock
 Have you completed and attached the Technology Assessment Form ?					

FACILITIES RESOURCE REQUEST

BUDGET ALLOCATION PROPOSAL

Is maintenance required? No Yes Explain: _____

PROFESSIONAL DEVELOPMENT REQUEST

Indicate the intended users: Students Faculty Staff Other

Do other internal areas/departments need to be involved?

No Yes Explain: _____

Is technology needed? No Yes Explain: _____

1. Why is the request being made?

The current 2 Chemistry faculty are carrying very heavy loads. As we are offering more face-to-face labs, they cannot maintain the hours required. Another faculty member would ensure a better distribution of load and course offerings.

2. a) Where in the Program Review/Annual Update is the request supported? Include the text from the Program Review AND cite the applicable section number(s).

Faculty program staff data: Does the program have sufficient staffing and support?
No. To begin, we need a properly educated and trained laboratory manager who can prepare and maintain our lab space. Due to safety concerns, all of the chemicals in the lab were disposed of, so we do not have any chemicals or proper storage cabinets for them. In addition, we would benefit from more faculty. Ideally, one more full-time Chemistry instructor would benefit us and reduce the unit load of Drs Nalbandian and Vizenor. We are also in need of a full-time physics instructor as this course is crucial to the Chemistry and Biology AD-Ts.

Goal #3: Hire full time Chemistry faculty

b) Explain how the request is supported with information gathered from the assessment of outcomes (Student Learning Outcomes, Program Level Outcomes, Service Area Outcomes, or Administrative Unit Outcomes).

Increasing faculty will increase the number of courses offered and their subsequent lab times. This in turn will improve student success and support all of our SLO and PLOs.

c) How was this included in the Area Goals section of your Program Review? Please cite section/item number and include the text.

Goal #3: Hire one full-time chemistry faculty member

BUDGET ALLOCATION PROPOSAL

3. If this item is approved, what departments or resources are needed, or would be affected, when implementing or developing it, on both a short-term and a long-term basis? Have they been notified?

Example: [Technology Assessment Form](#)

(This question is not required for Personnel/Staffing requests.)

Chemistry. They know

BUDGET ALLOCATION PROPOSAL

4. a) How will this resource improve student success or institutional services?

As the CSUs and UCs are no longer accepting online labs, if students are to obtain an AD-T from BCC, they need to have face-to-face labs. In order to have these labs, we need enough faculty to meet the scheduling demand.

b) What data will you gather and analyze to demonstrate that your proposal is meeting this goal(s)?

SLO assessment, student success rates, enrollment numbers

5) Describe how your request is aligned with as many of the college's strategic planning documents as applicable. (If the request does not align with a document, indicate N/A.)

Please be specific and provide detail, ensuring a clear correlation between content of referenced document and the request. Cite the section and page numbers where the correlation can be found.

(Follow the links to access each document)

1. [Mission Statement](#)

Provide educational tools, enhance student success, develop leaders
2. [Strategic Priorities / Strategic Goals](#)

Innovate to achieve equitable student success, ignite a culture of learning and innovation, Guided Pathways pillars
3. [Educational Master Plan](#)

Supports ILOs, potential new programs such as Physics, visions for curriculum
4. Others: Such as [Technology Plan](#) , [Facilities Master Plan](#), [HR Staffing Plan](#), [Professional Development Plan](#)

BUDGET ALLOCATION PROPOSAL

ADMINISTRATIVE USE

Administrator: _____ Title: _____

Comments/Recommendations:

Signature: _____ Date: _____

Administrator: _____ Title: _____

Comments/Recommendations:

Unit Priority Ranking: _____ of _____

BUDGET INFORMATION

(This section MUST be completed)

Budget Program Number: _____ Restricted Unrestricted

Comments regarding Budget Information: _____

Signature: _____ Date: _____