

# Instructional Program Review- Annual Update Template

## Instructional Program

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

Program Name: Kinesiology

Academic Year: 2024-2025

Name of Faculty Submitter(s): Michael Karpel and Taylor Puryear

Annual Update #1 ☒ #2 ☐

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

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## 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):

This past academic year, we in the Kinesiology faculty only taught 7 of the 12 courses reported. Our Major is tied into our Science Program, with 5 of the 12 courses being taught by our Science Faculty/Department. Therefore, we will only discuss the CSLO's taught for the courses that we directly taught during the past 2023-2024 Academic Year: KINA 3A, KINA 6A, KINA 16A, KINA 17A, KINA 22A, KINL 1, and KINL 23. However, for this past academic year, none of these courses were scheduled to be evaluated and recorded in eLumen as part of our 2-Year Assessment Cycle. Although, when examining the success rates in meeting the CSLO's for each of these courses, our rates of competency for all of our CSLO's were in the ranges from 70-100% of students meeting the 70% competency standard.

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.*

We could not find a Part C of the aforementioned form in regards to CSLO's? All of the tables and data refer to PLO data and outcomes.

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

Recruitment of another one or two part-time faculty members.

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

Our program is growing slowly but surely. We awarded 8 conferred degrees in the 2023-2024 Academic Year, up from 6 in the 2022-2023 Academic Year.

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.*

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As a program, the data shows marginal improvements with closing the equity gaps in Program Course Success Rates from 72.3% in the 2022-2023 Academic Year to 73.9% for the 2023-2024 Academic Year. That is right at the 74% of our institutional set standard. The biggest gain was in our African American student demographics that increased significantly from 53.1% Program Course Success Rates to 68.9%, under the 74% target goal set by the institution, but moving in the right direction.

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

Even though our sample size is relatively small (n=14) our Pacific Islander/Hawaiian student's had a Program Success Rate for Academic Year 2023-2024 of 64.3%.

- 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.

It appears that Retention; although a small sample size, is one area that we can look to improve upon with all our students, but more specifically our Pacific Islander/Hawaiian students. All other demographical groups are near or above our 74% target institutional standard for our Program Course Success Rates. As mentioned above, our African American students are trending in a positive direction at 68.9%, above the reported 62.4% institutional wide.

- D) Describe any other program, course, and/or instructional changes made by your program as a result of the outcomes assessment process.

One of our program's strength's is that our faculty are vigilant and effective with communicating with all of our students, through e-mail, Canvas, and even phone in a thorough and timely manner. This is a branch of what we would call effective pedagogical discourse, and is a reason for higher student success rates.

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

One area that we have had discussions about is to start to migrate our online courses that require textbooks.

## 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

Begin offering courses for our newly developed Kinesiology – Professional Preparation Degree (Local) Degree.

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## 2. GOAL #2

Expand our activity course offerings to include intermediate courses.

## 3. GOAL #3

To utilize OER textbooks and resources for all courses.

### 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 has been discussed with both Dean Garrison and Dean Stellino and as we have come out of the pandemic, we are not sure of the feasibility of this Degree Path. There are a myriad of factors that have changed the landscape of the viability of obtaining this local degree and what employer's/careers that this local degree would offer our students. More discussion with our Dean's will need to take place to analyze the demand for this local degree.

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

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

Discontinued for the time being.

- **Discuss any progress toward meeting the goal based on the goal objectives.**

Explained above

- **Briefly explain how you have been measuring the goal and any notable indicators of forward progress.**

Offering all the courses in a 2-year cycle and see if enrollments are reasonable. Also, working with A&R and our Counseling Department to see how many students have expressed interest in this local degree.

#### 2. GOAL #2 Objectives with related Outcome.

Repeatability is the main issue here for any of our activity courses. Student's can only take a course once for credit. One issue that we see is that since we offer KINA 150, even though this course is not part of our degree program, enrollment numbers have been lower in our activity courses as a result. As of now, all of our activity courses are "Beginning" and do meet the transfer requirements for our Degree.

- **Discuss any progress toward meeting the goal based on the goal objectives.**

None as of yet. This is a discussion that will need to be had with our Area Dean, James Stellino.

- **Briefly explain how you have been measuring the goal and any notable indicators of forward progress.**

Enrollment numbers in our "Beginning" course offerings.

#### 3. GOAL #3 Objectives with related Outcome.

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Utilization of OER textbooks and resources to further promote our KIN-ADT.

- **Discuss any progress toward meeting the goal based on the goal objectives.**

We have looked into some OER resources for those courses that require textbooks within our major. We need to collectively decide on what textbooks will be appropriate with material that matches our CSLO's and PLO's.

- **Briefly explain how you have been measuring the goal and any notable indicators of forward progress.**

Same as collective and individual goals as discussed above.

## 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.***

This goal of continuing on or discontinuing the local degree will need to be a collaborative effort with our Dean's.

2. Goal 1 ☐                      Goal 2 ☒                      Goal 3 ☐

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

Same premise as Goal #1, we will need to discuss this goal of writing the necessary curriculum to develop these "intermediate courses" with our Dean's. Due to perceived enrollment challenges; perhaps one solution is to cross-list the courses? Further discussions will be necessary.

3. Goal 1 ☐                      Goal 2 ☐                      Goal 3 ☒

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

Selecting appropriate OER textbooks and perhaps collaborating with Kyri and soliciting her expertise.

## 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

None solidified to report.

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

Choose an item.

Choose an item.

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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

N/A

## 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

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- ☐ 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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#### 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.*

**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.	Click or tap here to enter text.
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## BUDGET ALLOCATION PROPOSAL

Date: <u>2/24/25</u>	Originator: <u>James Stellino</u>
Program or Department Name: <u>Academic Affairs/Kinesiology</u>	
Dean/Vice President/Supervisor: <u>James Stellino</u>	

What are you requesting? ( <i>Brief</i> ) <u>Increase in Kinesiology Budget</u>
Amount Requested: <u>\$8000.00</u> <input type="checkbox"/> One-time Funding <input checked="" type="checkbox"/> Ongoing Funding
Funding Source (if known): _____

REQUEST TYPE:			
<input type="checkbox"/> Personnel/Staffing <small>Complete <b>Personnel/Staffing</b> section below</small> <input type="checkbox"/> OTHER	<input type="checkbox"/> Technology Resource <small>Complete <b>Technology</b> section below</small>	<input checked="" type="checkbox"/> Facilities Resource <small>Complete <b>Facilities</b> section below</small>	<input type="checkbox"/> Professional Development <small>Complete <b>Professional Development</b> section below</small>

PERSONNEL/STAFFING REQUEST	
Is the position request for: <input 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 type="checkbox"/> An existing classification      Official Job Title: _____	
Is the position requested: <input 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 <input type="checkbox"/> Password	
Have you completed and attached the <a href="#">Technology Assessment Form</a> ?	

FACILITIES RESOURCE REQUEST	
Indicate the intended users: <input checked="" type="checkbox"/> Students <input checked="" type="checkbox"/> Faculty <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Other	
Is maintenance required? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes      Explain: <u>Machines needs monthly maintenance</u>	



## BUDGET ALLOCATION PROPOSAL

### 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?

We need an increase in our Kinesiology budget. With the increase in enrollment for KINA 150, it has increased from 164 in the Fall of 2022 to 775 in the Fall of 2024. With the increase, we need more money for equipment repairs and maintenance. In the Spring of 2025, we were told we are now responsible for paying for the sanitary wipes for the machines, which is \$3120.00 per year. This is an added expense we have not had in the past. We have several older treadmills and ellipticals that need quarterly maintenance.

#### 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).

#### 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).

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

#### 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.)*

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

## BUDGET ALLOCATION PROPOSAL

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With the increase in enrollment, our apportionment has increased, we need to keep the machines in working order. They need to be maintained for safety reasons as well.

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

- 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](#)

2. [Strategic Priorities](#) / [Strategic Goals](#)

3. [Educational Master Plan](#)

4. Others: Such as [Technology Plan](#) , [Facilities Master Plan](#), [HR Staffing Plan](#), [Professional Development Plan](#)

## BUDGET ALLOCATION PROPOSAL

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### ADMINISTRATIVE USE

Administrator: \_\_\_\_\_ Title: \_\_\_\_\_

Comments/Recommendations:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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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: \_\_\_\_\_