

Annual Program Plan/Review Assessment—Instructional Planning Committee

Program Name: Click here to enter text.	Division: Click here to enter text.
	Date Reviewed: Click here to enter text.

The purpose of this form is to provide feedback on the quality of the program review to the Department/Program.

Instructional Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Example
<u>Executive Summary</u>				
Please summarize your program’s strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees.	Provided: <input type="checkbox"/> Summary of strengths <input type="checkbox"/> Summary of opportunities/challenges <input type="checkbox"/> Summary of action plans <input type="checkbox"/> Thorough summary	Information needed: <input type="checkbox"/> Summary of strengths <input type="checkbox"/> Summary of opportunities/challenges <input type="checkbox"/> Summary of action plans	Click here to enter text.	<input type="checkbox"/>
<u>Program Context</u>				
1. Mission:	<input type="checkbox"/> Mission provided	<input type="checkbox"/> Mission needed	Click here to enter text.	<input type="checkbox"/>
2. Articulation: Describe how your program’s articulation may be impacted by changes in curriculum and degree requirements at high schools and 4-year institutions. Describe your efforts to accommodate these changes.	Provided: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on program <input type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on program <input type="checkbox"/> Efforts to make changes	<input type="checkbox"/> No recommendation or change needed <input type="checkbox"/> Not applicable Click here to enter text.	<input type="checkbox"/>
3. Community and Labor Needs: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program. CTE programs should identify the dates of their advisory group meetings.	Provided description of: <input type="checkbox"/> Community needs <input type="checkbox"/> Employment needs <input type="checkbox"/> Technology needs <input type="checkbox"/> Licensing <input type="checkbox"/> Accreditation <input type="checkbox"/> Impact on program	Information needed: <input type="checkbox"/> Community needs <input type="checkbox"/> Employment needs <input type="checkbox"/> Technology needs <input type="checkbox"/> Licensing <input type="checkbox"/> Accreditation <input type="checkbox"/> Impact on program	<input type="checkbox"/> No recommendation or change needed <input type="checkbox"/> Not applicable Click here to enter text.	<input type="checkbox"/>

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Looking Back				
4. Curricular Changes: List any significant changes that have occurred in your program’s curricular offerings, scheduling, or mode of delivery. Explain the rationale for these changes.	Provided: <input type="checkbox"/> List of changes that occurred <input type="checkbox"/> Rationale for changes	Information needed: <input type="checkbox"/> List of changes that occurred <input type="checkbox"/> Rationale for changes	<input type="checkbox"/> No recommendation or change needed <input type="checkbox"/> Not applicable Click here to enter text.	<input type="checkbox"/>
5A. Progress Report—IPC Feedback: Provide your responses to all recommendations received in your last program review cycle	Provided: <input type="checkbox"/> Response to all recommendations	Information needed: <input type="checkbox"/> Response to all recommendations	<input type="checkbox"/> No recommendation or change needed <input type="checkbox"/> Not applicable Click here to enter text.	<input type="checkbox"/>
5B. Progress Report—Prior Action Plans: Provide a summary of the progress you have made on the strategic action plans identified in your last program review.	Provided: <input type="checkbox"/> Summary of progress	Information needed: <input type="checkbox"/> Summary of progress	<input type="checkbox"/> No recommendation or change needed <input type="checkbox"/> Not applicable Click here to enter text.	<input type="checkbox"/>
6A. Impact of Resource Applications: Describe the impact to-date that new resources (equipment, facilities, research) requested in prior years' program reviews have had on your program. If measurable impacts on student success have been observed, be sure to describe these and include any documentation/evidence. If no resources have been recently requested, please write "not applicable".	Provided: <input type="checkbox"/> Thorough description of new resources’ impact on program <input type="checkbox"/> Thorough description of impact on students <input type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Further description of new resources’ impact on program <input type="checkbox"/> Further description of impact on students <input type="checkbox"/> Efforts to make changes	<input type="checkbox"/> Not Applicable Click here to enter text.	<input type="checkbox"/>
6B. Impact of Staffing Changes: Describe the impact on your program of any changes in staffing levels (for example, the addition, loss or reassignment of faculty/staff). If no changes have occurred, please write "not applicable".	Provided: <input type="checkbox"/> Thorough description of staffing changes’ impact on program	Information needed: <input type="checkbox"/> Further description of staffing changes’ impact on program	<input type="checkbox"/> Not Applicable Click here to enter text.	<input type="checkbox"/>

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Current State of the Program				
7A. Connection & Entry--Observation: Describe trends in program and course enrollments, FTES, LOAD and Fill Rates. Cite quantitative data and identify the specific tables from the data packets. If other sources of data are used, please upload these documents or provide URLs.	Provided: <input type="checkbox"/> Thorough description of trends in all identified areas <input type="checkbox"/> Quantitative evidence from data packets	Information needed: <input type="checkbox"/> Further description of trends in all identified areas <input type="checkbox"/> Quantitative evidence from data packets	<input type="checkbox"/> No recommendation or change needed Click here to enter text.	<input type="checkbox"/>
7B. Connection & Entry—Evaluation: What changes could be implemented, including changes to course scheduling (times/days/duration/delivery mode/number of sections), marketing, and articulation that may improve these trends in enrollment?	Identified: <input type="checkbox"/> Changes that could be implemented	Information needed: <input type="checkbox"/> Changes that could be implemented	<input type="checkbox"/> No recommendation or change needed <input type="checkbox"/> Not applicable Click here to enter text.	<input type="checkbox"/>
8A. Progress & Completion—Observation: Describe trends in student success and retention disaggregated by: ethnicity, gender, age, enrollment status, and day/evening. Cite quantitative data and specific tables from the data packets. If other sources of data are used, please upload these documents or provide URLs.	Provided: <input type="checkbox"/> Thorough description of trends in all identified areas <input type="checkbox"/> Quantitative evidence from data packets	Information needed: <input type="checkbox"/> Further description of trends in all identified areas <input type="checkbox"/> Quantitative evidence from data packets	<input type="checkbox"/> No recommendation or change needed Click here to enter text.	<input type="checkbox"/>
8B. Progress & Completion Online—Observation: For online courses describe any significant differences in the success and retention of students who are taking online courses compared to face-to-face (f2f) courses.	Provided: <input type="checkbox"/> Description of differences compared to f2f courses	Information needed: <input type="checkbox"/> Description of differences compared to f2f courses	<input type="checkbox"/> Not applicable Click here to enter text.	<input type="checkbox"/>

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8C. Progress & Completion—Evaluation: Based on these trends, what do you feel are significant factors or barriers influencing student success in your courses and program? What changes (e.g. in curriculum, pedagogy, scheduling, modality) could be implemented to improve these trends?	Provided: <input type="checkbox"/> Discussion of factors/barriers influencing student success <input type="checkbox"/> Discussion of potential changes	Information needed: <input type="checkbox"/> Discussion of factors/barriers influencing student success <input type="checkbox"/> Discussion of potential changes	<input type="checkbox"/> No recommendation or change needed <input type="checkbox"/> Not applicable Click here to enter text.	<input type="checkbox"/>
9A. SLO Assessment—Compliance: Are all course SLOs being systematically assessed at least once/4 years? Describe the coordination of SLO assessment across sections and over time.	Provided: <input type="checkbox"/> Evidence that SLOs are assessed at least once/4 years <input type="checkbox"/> Coordination of assessment across sections and time is thorough	Information needed: <input type="checkbox"/> Evidence that SLOs are assessed at least once/4 years <input type="checkbox"/> Further description of assessment across sections and time	Click here to enter text.	<input type="checkbox"/>
9B. SLO Assessment - Impact: Summarize the dialogue that has resulted from these course SLO assessments. What are some improvements in your courses that have been implemented through SLO assessment? How has student learning (SL) been improved by changes in teaching? Cite specific examples.	Provided: <input type="checkbox"/> Summary dialogue <input type="checkbox"/> Improvements implemented <input type="checkbox"/> Thorough description of how SL has been improved by changes in teaching	Information needed: <input type="checkbox"/> Summary dialogue <input type="checkbox"/> Improvements implemented <input type="checkbox"/> Further description of how SL has been improved by changes in teaching	Click here to enter text.	<input type="checkbox"/>
10A. PLO Assessment—Plan: Describe your program’s Program Learning Outcomes assessment plan.	Provided: <input type="checkbox"/> Evidence of assessment plan <input type="checkbox"/> Thorough description of assessment plan is thorough	Information needed: <input type="checkbox"/> Evidence of assessment plan <input type="checkbox"/> Further description of assessment plan	Click here to enter text.	<input type="checkbox"/>
10B. PLO Assessment—Impact: Summarize the major findings of your program’s PLO assessments. What are	Provided: <input type="checkbox"/> Summary of findings	Information needed: <input type="checkbox"/> Summary of findings	Click here to enter text.	<input type="checkbox"/>

some improvements that have been, or can be, implemented as a result of PLO assessment?	<input type="checkbox"/> Thorough discussion of improvements	<input type="checkbox"/> Further discussion on improvements		
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11A. Describe the program's other instructional offerings (e.g. workshops, orientation) and menu of services (e.g. reference, tutoring). Report on student attendance and usage of these offerings. What changes could be made to improve these instructional offerings and services and/or improve student utilization?	Provided: <input type="checkbox"/> Thorough description of other instructional offerings and menu of services <input type="checkbox"/> Student attendance and usage report <input type="checkbox"/> Discussion of potential changes	Information needed: <input type="checkbox"/> Further description of other instructional offerings and menu of services <input type="checkbox"/> Student attendance and usage report <input type="checkbox"/> Discussion of potential changes	Click here to enter text.	<input type="checkbox"/>
11B. Describe your current usage of resources and facilities. How can your usage of resources or facilities be more effective? [Note: If you have need for additional resources and facilities, consider creating an objective and action plan in the Planning Module of SPOL and request those resources.	Provided: <input type="checkbox"/> Thorough description of current usage of resources and facilities	Information needed: <input type="checkbox"/> Further description of current usage of resources and facilities	Click here to enter text.	<input type="checkbox"/>

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Looking Ahead				
12. Program Improvement Initiatives: Use the objectives in the Planning module to describe the action plans that your program intends to implement. Describe your plan. Be sure to describe any research or training you will need to accomplish these plans. Then select PRIE and/or Professional Development in the "Units Impacted" section.	Provided: <input type="checkbox"/> Thorough description of action plans	Information needed: <input type="checkbox"/> Further description of action plans	<input type="checkbox"/> No recommendation or change needed Click here to enter text.	<input type="checkbox"/>

Overall Commendations:

Click here to enter text.

Overall Recommendations:

Click here to enter text.

Overall Program Effectiveness:

- Highly effective
- Effective
- Needs program improvement

Dean's perspective on the vitality of program:

See the executive summary and select the "IPR" tab in SPOL

Approval Process is embedded in SPOL (Approval from IPC chairs and VPs)