



Annual Program Plan Feedback - SSPC

Program: Counseling

SSPC Member(s) Reviewers: Bob Haick

The purpose of this form is to provide feedback to the Program Team.

| I. SLOs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 1. What program improvements have been implemented due to the SLO assessments? | Retention specialist | | | X yes |
| 2. How has student learning been improved due to the changes made? | | | | not enough Data yet. |
| Comments/Questions: | | | | |

| II SAOs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 3. Status of SAO Assessment Cycle. | | | | |
| Comments/Questions: | | | | |

CRER 401: Offered in Fall as Online course
Offered in Spring Evenings as Learning Comm.



Annual Program Plan Feedback - SSPC

| IV. <u>Faculty and Staff Hiring Request</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly and with supporting data how it will serve Department/Program/Division/College needs. Information from the most recent comprehensive program should be included.</i> | | | | |
| 1. Justification is consistent with accurate data. | | | | Yes |
| 2. Justification fits Program /Department/Division/College needs | | | | Yes |
| Comments/Questions: | | | | |

| V. <u>Professional Development Needs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how it will serve Department/Program/Division/College needs</i> | | | | |
| Justification is consistent with Department/Program needs | | | | Yes |
| Comments/Questions: | | | | |

| VI. <u>Equipment Request (Item description, Number of Items, Total Cost)</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs including Item description, Number of Items, Total Cost</i> | | | | |
| 1. Complete source/cost information | | | | Yes |
| 2. Justification is consistent with Department/Division/College needs | | | | Yes |
| Comments/Questions: | | | | |



Annual Program Plan Feedback - SSPC

Program: Counseling

SSPC Member(s) Reviewers: Carlos Luna

The purpose of this form is to provide feedback to the Program Team.

| I. <u>SLOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 1. What program improvements have been implemented due to the SLO assessments? 2. How has student learning been improved due to the changes made? | | | | Y |
| Comments/Questions: <i>It's great to see students are getting proper guidance. It seems more applicable</i> | | | | |

| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 3. Status of SAO Assessment Cycle. | | | | Y |
| Comments/Questions: <i>Impressive results.</i> | | | | |



Annual Program Plan Feedback - SSPC

Program: Counseling

SSPC Member(s) Reviewers: Soraya

The purpose of this form is to provide feedback to the Program Team.

| I. SLOs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 1. What program improvements have been implemented due to the SLO assessments? | | | | ✓ |
| 2. How has student learning been improved due to the changes made? | | | | ✓ |
| Comments/Questions: <i>all services we provide are covered. May add the transcript evaluation to NE Transfer-in students ori tation • Add comments on the needs for demand on additional career sections We added - CRER 137 in summer (more session in SP 15) ORER 110 in SPRING (for Puente) - SP 2016</i> | | | | |

| II SAOs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 3. Status of SAO Assessment Cycle. | | | | ✓ |
| Comments/Questions: <i>If we have the data on # of Prob. Students in 2014 and compare them w/ 2015 to reflect the impact of new Reinstatement Petition Process.</i> | | | | |



Annual Program Plan Feedback - SSPC

| IV. Faculty and Staff Hiring Request | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly and with supporting data how it will serve Department/Program/Division/College needs. Information from the most recent comprehensive program should be included.</i> | | | | |
| 1. Justification is consistent with accurate data. | | | | ✓ |
| 2. Justification fits Program /Department/Division/College needs | | | | ✓ |
| Comments/Questions: | | | | |

| V. Professional Development Needs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how it will serve Department/Program/Division/College needs</i> | | | | |
| Justification is consistent with Department/Program needs | | | | ✓ |
| Comments/Questions: | | | | |

| VI. Equipment Request (Item description, Number of Items, Total Cost) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs including Item description, Number of Items, Total Cost</i> | | | | |
| 1. Complete source/cost information | | | | ✓ |
| 2. Justification is consistent with Department/Division/College needs | | | | ✓ |
| Comments/Questions: | | | | |



Annual Program Plan Feedback - SSPC

| VII. Facilities Request (Either new or maintenance issues) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs.</i> | | | | |
| Justification is consistent with Department/Division/College needs | | | | ✓ |
| Comments/Questions: <i>may ask for larger classroom for career classes.</i> | | | | |

SSPC Co-Chair Signature: _____ **Date:** _____

VPSS Signature: _____ **Date:** _____



Annual Program Plan Feedback - SSPC

Program: Counseling

SSPC Member(s) Reviewers: Robin Richardson

The purpose of this form is to provide feedback to the Program Team.

| I. <u>SLOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 1. What program improvements have been implemented due to the SLO assessments? | | | | ✓ |
| 2. How has student learning been improved due to the changes made? | | | | ✓ |
| Comments/Questions: <i>good SLO results - 46% to 98% did</i> | | | | |

| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 3. Status of SAO Assessment Cycle. | | | | |
| Comments/Questions: <i>• Express counseling plans like a ge indicated • New counselor informati - helpful</i> | | | | |



Annual Program Plan Feedback - SSPC

| IV. <u>Faculty and Staff Hiring Request</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly and with supporting data how it will serve Department/Program/Division/College needs. Information from the most recent comprehensive program should be included.</i> | | | | |
| 1. Justification is consistent with accurate data. | | ✓ | | |
| 2. Justification fits Program /Department/Division/College needs | | | | |
| Comments/Questions: <i>Rec: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.</i> | | | | |

| V. <u>Professional Development Needs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how it will serve Department/Program/Division/College needs</i> | | | | |
| Justification is consistent with Department/Program needs | | | | ✓ |
| Comments/Questions: | | | | |

| VI. <u>Equipment Request (Item description, Number of Items, Total Cost)</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs including Item description, Number of Items, Total Cost</i> | | | | |
| 1. Complete source/cost information | | | | ✓ |
| 2. Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: | | | | |



Annual Program Plan Feedback - SSPC

| VII. <u>Facilities Request</u> (Either new or maintenance issues) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs.</i> | | | | |
| Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: <p align="center">NA</p> | | | | |

SSPC Co-Chair Signature: _____ Date: _____

VPSS Signature: _____ Date: _____



Annual Program Plan Feedback - SSPC

Program: COUNSELING

SSPC Member(s) Reviewers: MELISSA ALFONSO

The purpose of this form is to provide feedback to the Program Team.

| I. SLOs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 1. What program improvements have been implemented due to the SLO assessments? 2. How has student learning been improved due to the changes made? | | | | X |
| Comments/Questions: <p align="center">GREAT JOB!</p> | | | | |

| II SAOs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 3. Status of SAO Assessment Cycle. | | | X | |
| Comments/Questions: | | | | |



Annual Program Plan Feedback - SSPC

| IV. Faculty and Staff Hiring Request | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly and with supporting data how it will serve Department/Program/Division/College needs. Information from the most recent comprehensive program should be included.</i> | | | | |
| 1. Justification is consistent with accurate data. | | | | X |
| 2. Justification fits Program /Department/Division/College needs | | | | X |
| Comments/Questions: | | | | |

| V. Professional Development Needs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how it will serve Department/Program/Division/College needs</i> | | | | |
| Justification is consistent with Department/Program needs | X | | | |
| Comments/Questions: <div style="text-align: center;">↓ BASED IN SUMMARY + PRESENTATION</div> | | | | |

| VI. Equipment Request (Item description, Number of Items, Total Cost) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs including Item description, Number of Items, Total Cost</i> | | | | |
| 1. Complete source/cost information | X | | | |
| 2. Justification is consistent with Department/Division/College needs | ↑ | | | |
| Comments/Questions: <div style="text-align: center;">↓ BASED IN HANDOUT + SUMMARY</div> | | | | |



Annual Program Plan Feedback - SSPC

| VII. <u>Facilities Request</u> (Either new or maintenance issues) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|--|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs.</i> | | | | |
| Justification is consistent with Department/Division/College needs | X | | | |
| Comments/Questions: | ↓ <i>Disposed through + summary</i> | | | |

SSPC Co-Chair Signature: _____ Date: _____

VPSS Signature: _____ Date: _____



Annual Program Plan Feedback - SSPC

Did NOT
GET COMPLETE
PROGRAM REVIEW

Program: COUNSELING

SSPC Member(s) Reviewers: Not an SSPC Member / Guest ORIENTATION & ASSESSMENT

The purpose of this form is to provide feedback to the Program Team. LORETTA DAVIS RASCON

| I. SLOs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 1. What program improvements have been implemented due to the SLO assessments? | | | | ✓ |
| 2. How has student learning been improved due to the changes made? | | | | |
| Comments/Questions: <i>Needs more statistics on comparison of total student population vs actual attendance at various events</i> <i>Do comparison</i> | | | | |

| II SAOs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 3. Status of SAO Assessment Cycle. | | | | ✓ |
| Comments/Questions: | | | | |



Annual Program Plan Feedback - SSPC

Program: Counseling

SSPC Member(s) Reviewers: Supinda Sinekaphong

The purpose of this form is to provide feedback to the Program Team.

| I. <u>SLOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 1. What program improvements have been implemented due to the SLO assessments? 2. How has student learning been improved due to the changes made? | | ✓✓ | | |
| Comments/Questions: Reinstated/dismissed/probation pls. include # of students in different status vs # of students served CRER courses how many WL students, is there an increase in demand? | | | | |

| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 3. Status of SAO Assessment Cycle. | | | | |
| Comments/Questions: | | | | |



Annual Program Plan Feedback - SSPC

| IV. <u>Faculty and Staff Hiring Request</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly and with supporting data how it will serve Department/Program/Division/College needs. Information from the most recent comprehensive program should be included.</i> | | | | |
| 1. Justification is consistent with accurate data. | | ✓ | | |
| 2. Justification fits Program /Department/Division/College needs | | | | |
| Comments/Questions: <i>include how many student in Puente cohort</i> | | | | |

| V. <u>Professional Development Needs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how it will serve Department/Program/Division/College needs</i> | | | | |
| Justification is consistent with Department/Program needs | | | | |
| Comments/Questions: | | | | |

| VI. <u>Equipment Request (Item description, Number of Items, Total Cost)</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs including Item description, Number of Items, Total Cost</i> | | | | |
| 1. Complete source/cost information | | | | |
| 2. Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: <i>centralizing information system ✓ use sharpint.?</i> | | | | |



Annual Program Plan Feedback - SSPC

| VII. <u>Facilities Request</u> (Either new or maintenance issues) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs.</i> | | | | |
| Justification is consistent with Department/Division/College needs | | ✓ | | |
| Comments/Questions: <i>old computers need updating</i> | | | | |

SSPC Co-Chair Signature: _____ Date: _____

VPSS Signature: _____ Date: _____



Annual Program Plan Feedback - SSPC

Program: Counseling

SSPC Member(s) Reviewers: Gloria

The purpose of this form is to provide feedback to the Program Team.

| I. SLOs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 1. What program improvements have been implemented due to the SLO assessments? 2. How has student learning been improved due to the changes made? | | | | |
| Comments/Questions: <u>New position not put forward.</u> | | | | |

| II SAOs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 3. Status of SAO Assessment Cycle. | | ✓ | | |
| Comments/Questions: <u>Can we prove efficiency of current scheduling model? (30min, 15min drop-in)</u> <u>I agree that we need data on how to improve the quality of program.</u> <u>Are we trying to reach students that are not using counseling services?</u> <u>A bit more information regarding the survey would be useful.</u> | | | | |



Annual Program Plan Feedback - SSPC

| IV. <u>Faculty and Staff Hiring Request</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly and with supporting data how it will serve Department/Program/Division/College needs. Information from the most recent comprehensive program should be included.</i> | | | | |
| 1. Justification is consistent with accurate data. | | ✓ | | |
| 2. Justification fits Program /Department/Division/College needs | | ✓ | | |
| Comments/Questions: <i>Actually, a 15% increase in counseling appointments may warrant a full-time tenure track prior to fall 2016.</i> | | | | |

| V. <u>Professional Development Needs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how it will serve Department/Program/Division/College needs</i> | | | | |
| Justification is consistent with Department/Program needs ? | | | | |
| Comments/Questions: | | | | |

| VI. <u>Equipment Request (Item description, Number of Items, Total Cost)</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs including Item description, Number of Items, Total Cost</i> | | | | |
| 1. Complete source/cost information | | | | |
| 2. Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: | | | | |



Annual Program Plan Feedback - SSPC

Program: Counseling

SSPC Member(s) Reviewers: Misha Maggi

The purpose of this form is to provide feedback to the Program Team.

| I. <u>SLOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 1. What program improvements have been implemented due to the SLO assessments? 2. How has student learning been improved due to the changes made? | | | | ✓ |
| Comments/Questions: Added puente this year! Congrats! Looking into ratios of why student coming in. How many on dismissal? | | | | |

| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 3. Status of SAO Assessment Cycle. | | | | ✓ |
| Comments/Questions: The survey information is fantastic & #'s are growing. (keeping same so compare #'s) Action | | | | |



Annual Program Plan Feedback - SSPC

| IV. Faculty and Staff Hiring Request | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
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| <i>Guidelines: The request should explain clearly and with supporting data how it will serve Department/Program/Division/College needs. Information from the most recent comprehensive program should be included.</i> | | | | |
| 1. Justification is consistent with accurate data. | | | ✓ | |
| 2. Justification fits Program /Department/Division/College needs | | | ✓ | |
| Comments/Questions: would like FT Tenure track counselor → fills old position from puente. | | | | |

| V. Professional Development Needs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how it will serve Department/Program/Division/College needs</i> | | | | |
| Justification is consistent with Department/Program needs | | | | ✓ |
| Comments/Questions: Details conferences attended Looks robust. | | | | |

| VI. Equipment Request (Item description, Number of Items, Total Cost) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
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| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs including Item description, Number of Items, Total Cost</i> | | | | |
| 1. Complete source/cost information | | | | |
| 2. Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: NA | | | | |



Annual Program Plan Feedback - SSPC

| VII. Facilities Request (Either new or maintenance issues) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs.</i> | | | | |
| Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: NA | | | | |

SSPC Co-Chair Signature: _____ **Date:** _____

VPSS Signature: _____ **Date:** _____



Annual Program Plan Feedback - SSPC

Program: Counseling

SSPC Member(s) Reviewers: Jessica Boyle Not a member

The purpose of this form is to provide feedback to the Program Team. *did not receive all material*

| I. <u>SLOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 1. What program improvements have been implemented due to the SLO assessments? | | | | ✓ |
| 2. How has student learning been improved due to the changes made? | | | | |
| Comments/Questions: <i>It's great to see an increase of counseling Appts. As well as more time being spent on reinstated students and probation students. More time will definitely improve the probability of student success.</i> | | | | |

| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 3. Status of SAO Assessment Cycle. | | | | ✓ |
| Comments/Questions: | | | | |



Annual Program Plan Feedback - SSPC

| IV. <u>Faculty and Staff Hiring Request</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly and with supporting data how it will serve Department/Program/Division/College needs. Information from the most recent comprehensive program should be included.</i> | | | | |
| 1. Justification is consistent with accurate data. | | | | ✓ |
| 2. Justification fits Program /Department/Division/College needs | | | | ✓ |
| Comments/Questions: | | | | |

| V. <u>Professional Development Needs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how it will serve Department/Program/Division/College needs</i> | | | | |
| Justification is consistent with Department/Program needs | | | | ✓ |
| Comments/Questions: | | | | |

| VI. <u>Equipment Request (Item description, Number of Items, Total Cost)</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs including Item description, Number of Items, Total Cost</i> | | | | |
| 1. Complete source/cost information | | | ✓ | |
| 2. Justification is consistent with Department/Division/College needs | | | | ✓ |
| Comments/Questions: | | | | |



Annual Program Plan Feedback - SSPC

Program: Counseling

SSPC Member(s) Reviewers: Elizabeth Ontiveros

The purpose of this form is to provide feedback to the Program Team.

| I. <u>SLOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 1. What program improvements have been implemented due to the SLO assessments? 2. How has student learning been improved due to the changes made? | | | | ✓ |
| Comments/Questions: | | | | |

| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 3. Status of SAO Assessment Cycle. | | | | ✓ |
| Comments/Questions: | | | | |



Annual Program Plan Feedback - SSPC

| IV. <u>Faculty and Staff Hiring Request</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly and with supporting data how it will serve Department/Program/Division/College needs. Information from the most recent comprehensive program should be included.</i> | | | | |
| 1. Justification is consistent with accurate data. | | | | ✓ |
| 2. Justification fits Program /Department/Division/College needs | | | | ✓ |
| Comments/Questions: <i>Administrative help for Puente Program</i> | | | | |

| V. <u>Professional Development Needs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how it will serve Department/Program/Division/College needs</i> | | | | |
| Justification is consistent with Department/Program needs | | | | ✓ |
| Comments/Questions: | | | | |

| VI. <u>Equipment Request (Item description, Number of Items, Total Cost)</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs including Item description, Number of Items, Total Cost</i> | | | | |
| 1. Complete source/cost information | | | | ✓ |
| 2. Justification is consistent with Department/Division/College needs | | | | ✓ |
| Comments/Questions: <i>4 - Additional laptops (Apple or PC)</i> | | | | |



Annual Program Plan Feedback - SSPC

| VII. Facilities Request (Either new or maintenance issues) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs.</i> | | | | |
| Justification is consistent with Department/Division/College needs | | | | ✓ |
| Comments/Questions: | | | | |

SSPC Co-Chair Signature: _____ **Date:** _____

VPSS Signature: _____ **Date:** _____



Annual Program Plan Feedback - SSPC

Program: Counseling

SSPC Member(s) Reviewers: Kim Lopez

The purpose of this form is to provide feedback to the Program Team.

| I. SLOs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 1. What program improvements have been implemented due to the SLO assessments? 2. How has student learning been improved due to the changes made? | | | | ✓ |
| Comments/Questions: Have any changes occurred in the counseling program due to SLO results. It was included in original plan. | | | | |

| II SAOs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 3. Status of SAO Assessment Cycle. | | | | ✓ |
| Comments/Questions: Great survey. | | | | |



Annual Program Plan Feedback - SSPC

| IV. <u>Faculty and Staff Hiring Request</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly and with supporting data how it will serve Department/Program/Division/College needs. Information from the most recent comprehensive program should be included.</i> | | | | |
| 1. Justification is consistent with accurate data. | | | | ✓ |
| 2. Justification fits Program /Department/Division/College needs | | | | |
| Comments/Questions: | | | | |

| V. <u>Professional Development Needs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how it will serve Department/Program/Division/College needs</i> | | | | |
| Justification is consistent with Department/Program needs | | | | ✓ |
| Comments/Questions: | | | | |

| VI. <u>Equipment Request (Item description, Number of Items, Total Cost)</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs including Item description, Number of Items, Total Cost</i> | | | | |
| 1. Complete source/cost information | | | | |
| 2. Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: laptops. | | | | |



Annual Program Plan Feedback - SSPC

| VII. <u>Facilities Request</u> (Either new or maintenance issues) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs.</i> | | | | |
| Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: NA | | | | |

Overall Great Program Review.

SSPC Co-Chair Signature: _____ Date: _____

VPSS Signature: _____ Date: _____



Annual Program Plan Feedback - SSPC

Program: Counseling

SSPC Member(s) Reviewers: Ruth Miller

The purpose of this form is to provide feedback to the Program Team.

| I. SLOs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 1. What program improvements have been implemented due to the SLO assessments? 2. How has student learning been improved due to the changes made? | | | | ✓ |
| Comments/Questions: <p align="center">GOOD INFORMATION</p> | | | | |

| II SAOs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 3. Status of SAO Assessment Cycle. | | | | ✓ |
| Comments/Questions: <p align="center">GOOD INFORMATION</p> | | | | |



Annual Program Plan Feedback - SSPC

| IV. <u>Faculty and Staff Hiring Request</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly and with supporting data how it will serve Department/Program/Division/College needs. Information from the most recent comprehensive program should be included.</i> | | | | |
| 1. Justification is consistent with accurate data. | | ✓ | | |
| 2. Justification fits Program /Department/Division/College needs | | ✓ | | |
| Comments/Questions: | | | | |

| V. <u>Professional Development Needs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how it will serve Department/Program/Division/College needs</i> | | | | |
| Justification is consistent with Department/Program needs | | | ✓ | |
| Comments/Questions: | | | | |

| VI. <u>Equipment Request (Item description, Number of Items, Total Cost)</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs including Item description, Number of Items, Total Cost</i> | | | | |
| 1. Complete source/cost information | | | | ✓ |
| 2. Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: | | | | |



Annual Program Plan Feedback - SSPC

| VII. <u>Facilities Request</u> (Either new or maintenance issues) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs.</i> | | | | |
| Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: N/A | | | | |

SSPC Co-Chair Signature:  Date: 4/8/15

VPSS Signature: _____ Date: _____



Annual Program Plan Feedback - SSPC

Program: COUNSELING

SSPC Member(s) Reviewers: MAX HARTMAN

The purpose of this form is to provide feedback to the Program Team.

| I. SLOs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 1. What program improvements have been implemented due to the SLO assessments? 2. How has student learning been improved due to the changes made? | | | X | |
| Comments/Questions: WOULD LIKE TO SEE THE SLO'S TIED INTO NEW PROPOSALS LIKE "EXPRESS COUNSELING" AS A RESULT OF SLO FINDINGS, OR HAVING JUSTIFICATIONS | | | | |

| II SAOs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <i>Guidelines: This section should include the following:</i> | | | | |
| 3. Status of SAO Assessment Cycle. | | | X | |
| Comments/Questions: PLAN TO INCREASE SAMPLE SIZE IS GOOD, WOULD LIKE TO SEE ACTIONABLE PLAN BASED ON THE COLLECTED DATA | | | | |



Annual Program Plan Feedback - SSPC

| IV. Faculty and Staff Hiring Request | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly and with supporting data how it will serve Department/Program/Division/College needs. Information from the most recent comprehensive program should be included.</i> | | | | |
| 1. Justification is consistent with accurate data. | | | | X |
| 2. Justification fits Program /Department/Division/College needs | | | | X |
| Comments/Questions: FT POSITION FITS NEED OF PROGRAM COMBINED WITH LOSS OF HOURS, | | | | |

| V. Professional Development Needs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how it will serve Department/Program/Division/College needs</i> | | | | |
| Justification is consistent with Department/Program needs | | | | X |
| Comments/Questions: | | | | |

| VI. Equipment Request (Item description, Number of Items, Total Cost) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs including Item description, Number of Items, Total Cost</i> | | | | |
| 1. Complete source/cost information | | | | X |
| 2. Justification is consistent with Department/Division/College needs | | | | X |
| Comments/Questions: | | | | |



Annual Program Plan Feedback - SSPC

| VII. Facilities Request (Either new or maintenance issues) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|-------------------------------|--|---------------------------------------|---|
| <i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs.</i> | | | | |
| Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: <p align="center">NOT APPLICABLE</p> | | | | |

SSPC Co-Chair Signature: _____ Date: _____

VPSS Signature: _____ Date: _____