

Administrative Planning Committee Annual Program Plan/Review Assessment

Program Name: Office of Student Services	APC Member(s) Reviewers: Mary Chries Concha Thia
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The purpose of this form is to provide feedback on the quality of the program review to the Program Review author(s)

Administrative Program Review	Performance Level			
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
Executive Summary				
Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees.	Provides: <input checked="" type="checkbox"/> Summary of strengths <input checked="" type="checkbox"/> Summary of challenges <input checked="" type="checkbox"/> Summary of action plans <input type="checkbox"/> Thorough summary	Information needed: <input type="checkbox"/> Summary of strengths <input type="checkbox"/> Summary of challenges <input type="checkbox"/> Summary of action plans <input type="checkbox"/> Thorough summary		<input type="checkbox"/>
Program Context				
1. Mission:				
2. Program Description	Provides: <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes		<input type="checkbox"/>
3. Community and Labor Needs: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program.	Provides: <input checked="" type="checkbox"/> Community needs <input checked="" 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 checked="" type="checkbox"/> No recommendation or change needed <input type="checkbox"/> Not applicable	<input type="checkbox"/>
Looking Back				
4. Describe major accomplishments	Provides: <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes		<input type="checkbox"/>
5. Impact of Resources Allocations: Describe the impact to date that each new resource (staff, non-instructional assignment, equipment, facilities, research, funding) has had on your program and measures of student success or client satisfaction.	Provides: <input checked="" 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 <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	<input type="checkbox"/>

Administrative Program Review		Performance Level		
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Current State of the Program				
6A. State of the Program—Observation: Describe the current state of the program (include strengths and challenges)	Provides: <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<input type="checkbox"/> No recommendation or change needed	<input type="checkbox"/>
6B. State of Program—Evaluation: What changes could be implemented to improve your program?	Provides: <input type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<input checked="" type="checkbox"/> No recommendation or change needed	<input type="checkbox"/>
7A. Service Area Outcomes (SAOs) Assessment Plan: Describe your program's SAO Assessment Plan.	Provides: <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<input checked="" type="checkbox"/> No recommendation or change needed	<input type="checkbox"/>
7B. SAO Assessment Results and Impact: Summarize the findings of your program's SAO Assessments. What are some improvements that have been, or can be, implemented as a result of SAO assessment?	Provides: <input type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	<input type="checkbox"/> No recommendation or change needed	<input type="checkbox"/>
Looking Ahead (at SPOL Planning Module)				
8. Strategic Action Plans: Use this objective 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 checked="" 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	<input type="checkbox"/>
9. Personnel request:	Not review by APC	Not review by APC	<input checked="" type="checkbox"/> No recommendation or change needed	<input type="checkbox"/>
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Overall Commendations:

Great work. I think that the idea of counselor and instructional divisions meeting 2 or 3 times a semester is great. Looking forward to see more about the Guided Pathways initiative.

Overall Recommendations:

Overall Program Effectiveness:

- xHighly effective
- Effective
- Needs program improvement

Approval Process is embedded (Approval from APC and president)

Administrative Planning Committee Annual Program Plan/Review Assessment

Program Name: Office of Student Services APC Member(s) Reviewers: Megan Rodriguez Antone

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2. Program Description				
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Overall Commendations:

Great job! There are a lot of exciting initiatives coming out of the Student Services Office, such as Guided Pathways and the growth of Dual Enrollment, and it will be exciting to see them come to fruition in the coming years.

Overall Recommendations:

Overall Program Effectiveness:

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