Instructional Programs
2014-2015 Self-Study
Three-Year Program Review Template
[Enter Program Name Here]

[Enter Division Name Here]

Statement of Collaboration

The program faculty listed below collaborated in an open and forthright dialogue to prepare this Self Study. Statements included herein accurately reflect the conclusions and opinions by consensus of the program faculty involved in the self-study.

Participants in the self-study

Authorization

After the document is complete, it must be signed by the Principal Author, the Department Coordinator, and the Dean prior to submission to the Program Review Committee.

Printed name of Principal Author	Signature	Title	Date

Printed name of Department Coordinator	Signature	Title	Date

Printed name of Dean	Signature	Title	Date

1.0 Mission and Goals

The College's <u>Mission, Vision, Core Values and Goals</u> drive all college activities. The Program Review committee would like to understand the connection of your program to the College's Mission, Vision, Core Values and Goals. Summarize how your program supports each area.

Mission:

Vision:

Core Values:

College Goals:

2.0 Program Data & Trends Analysis

2.1 Key Performance Indicators (KPI)

For each KPI listed below, analyze and report your findings and describe what they mean.

(Attach 5-year longitudinal data from Office of Institutional Research and Planning (OIRP) to Appendix.)

KPI	Findings
Enrollment	
Total FTES	
Sections	
FTEF	
Fill Rate	
WSCH/FTEF	
Retention	
Success	

2.2 Peer Institution Comparison
Complete the table below.

College/Program:	Your Program	Peer A	Peer B	Peer C	Peer D
Retention:					
Success:					
Degrees Awarded:					
Certificates Awarded:					
Transfers:					

How does your program compare with peer institutions? Provide a narrative of your comparison. (Peer institutions are colleges or programs identified by the Office of Institutional Research and Planning (OIRP)).

2.3 Achievement Gap
Indicate achievement gap for each of the groups listed below. (Attach to Appendix the Success and Retention by Ethnicity Data as identified by the Office of Institutional Research and Planning.)

Group	% Retention	% Success
Males		
Females		
Asian-American		
African-American		
Filipino		
Hispanic		
Native American		
Other Non-White		
Pacific Islander		
White		
Unknown		
Range (Max-Min)		

2.4 Program Effectiveness
Since your previous Program Review Self-Study, what significant changes have occurred that impact the effectiveness of your program?

2.5 Describe any laws, regulations, trends, policies, procedures or other influences that have an impact on the effectiveness of your program. Please include any other data (internal or external) that may be relevant to student achievement, learning, and trends within your Basic Skills, CTE, or Transfer Education programs.

2.6 Provide any other data that is relevant to your self-study.

3.0 Strengths, Weaknesses, Opportunities, Challenges (SWOC)

Based on your analysis in 2.1 through 2.6, answer the following questions:

3.1 What are the strengths of your program?

3.2. What are the weaknesses of your program?

3.3 What opportunities exist for your program?

3.4 What challenges exist for your program?

4.0 Student Learning Outcomes (SLO) Assessment

4.1 List your program level SLOs and complete the expandable table below.

	Program Student Learning Outcomes (PSLOs)	Date Assessment Completed	Date(s) Data Analyzed	Date(s) Data Used For Improvement	Number of Cycles Completed
1.					
2.					
3.					

4.2 Assessment: Complete the expandable table below.

Program Student Learning Outcomes Assessment for Instructional Programs at Fullerton College			
Intended Outcomes	**Means of Assessment & Criteria for Success**	**Summary of Data Collected**	**Use of Results**
1.			
2.			

4.3 What percentage of your program level SLOs have ongoing assessment? Comment on progress/lack of progress.

4.4 How has assessment of program level SLOs led to improvements in student learning and achievement?

4.5 How has assessment of program-level SLOs led to improvements in transfer or certificate/degree awards?

4.6 What challenges remain to make your program level SLOAs more effective?

5.0 Evaluation of Progress Toward Previous Goals/SAP's (Future program review templates for this section will identify "previous goals" as "previous *strategic action plans*"-- SAP's.)

5.1 List the goals from your last self-study/program review.

5.2 Describe the level of success and/or progress achieved in the goals listed above.

5.3 How did you measure the level of success and/or progress achieved in the goals listed above?

5.4 Provide examples of how the goals in the last cycle contributed to the continuous quality improvement of your program.

5.5 In cases where resources were allocated toward goals in the last cycle, how did the resources contribute to the improvement of the program?

5.6 If funds were not allocated in the last review cycle, how did it impact your program?

6.0 Strategic Action Plans (SAP) [formerly called Goals (6) and Requests for Resources (7)]

Using the tables below, list the strategic action plans (SAPs) for your program. These plans should follow logically from the information provided in the self-study. Use a separate table for each SAP.

SAPs for this three-year cycle:

STRATEGIC ACTION PLAN # 1	
Describe Strategic Action Plan: (formerly called short-term goal)	
List College goal/objective the plan meets:	College Goal #: Objective #:
Describe the SAP: (Include persons responsible and timeframe.)	
What *Measurable Outcome* is anticipated for this SAP?	
What specific aspects of this SAP can be accomplished without additional financial resources?	

If additional financial resources would be required to accomplish this SAP, please complete the section below. Keep in mind that requests for resources must follow logically from the information provided in this self-study.

Type of Resource	Requested Dollar Amount	Potential Funding Source
Personnel		
Facilities		
Equipment		
Supplies		
Computer Hardware		
Computer Software		
Training		
Other		
Total Requested Amount		

STRATEGIC ACTION PLAN # 2	
Describe Strategic Action Plan: (formerly called short-term goal)	
List College goal/objective the plan meets:	College Goal #: Objective #:
Describe the SAP: (Include persons responsible and timeframe.)	
What *Measurable Outcome* is anticipated for this SAP?	
What specific aspects of this SAP can be accomplished without additional financial resources?	

If additional financial resources would be required to accomplish this SAP, please complete the section below. Keep in mind that requests for resources must follow logically from the information provided in this self-study.

Type of Resource	Requested Dollar Amount	Potential Funding Source
Personnel		
Facilities		
Equipment		
Supplies		
Computer Hardware		
Computer Software		
Training		
Other		
Total Requested Amount		

STRATEGIC ACTION PLAN # 3	
Describe Strategic Action Plan: (formerly called short-term goal)	
List College goal/objective the plan meets:	College Goal #: Objective #:
Describe the SAP: (Include persons responsible and timeframe.)	
What *Measurable Outcome* is anticipated for this SAP?	
What specific aspects of this SAP can be accomplished without additional financial resources?	

If additional financial resources would be required to accomplish this SAP, please complete the section below. Keep in mind that requests for resources must follow logically from the information provided in this self-study.

Type of Resource	Requested Dollar Amount	Potential Funding Source
Personnel		
Facilities		
Equipment		
Supplies		
Computer Hardware		
Computer Software		
Training		
Other		
Total Requested Amount		

7.0 Long Term Plans

Describe the long term plans (four-six years) for your program. Please consider future trends in your narrative. (Identifying financial resources needed for these plans is optional.)

8.0 Self-Study Summary

This section provides the reader with an <u>overview</u> of the highlights, themes, and key elements of this self-study. It should not include new information that is not mentioned in other sections of this document.

Division Deans' or appropriate Immediate Management Supervisor (IMS) Response Page

☐ *I concur with the findings contained in this Program Review.*

☐ *I concur with the findings contained in this Program Review with the following exceptions (include a narrative explaining the basis for each exception):*

Area of exception:

_____

_____

_____

_____

☐ *I do not concur with the findings contained in this Program Review (include a narrative exception):*

_____

_____

_____

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