Peralta Community College District

Berkeley City College

College of Alameda

Laney College

Merritt College



Non-Instructional

Department, Program, or Administrative Unit

Program Review

Handbook

Fall 2015

Table of Contents

Purpose and Goals 1.

Components in the Process 2.

The Non-Instructional Department, Program or Administrative Unit

 Program Review Team 3.

Core Data Elements 4.

Definitions 5.

The Non-Instructional Department, Program or Administrative Unit

Program Review Narrative Report 6.

Appendices 16.

* *Appendix A. Program Review New Resource Requests Template* 17.
* *Appendix B*. *Integrated Goal Setting Template* 18.
* *Appendix C. Validation Template* 19.

Purpose and Goals

The information gathered during the program review process provides the basis for informed decision making in the Peralta Community College District. Program Review is a systematic process for the collection, analysis, and interpretation of data concerning a program or department. It provides the department, program or administrative unit accountability by collecting, analyzing and disseminating information that will inform integrated planning, resource allocation, and decision-making processes.

The primary goals are to:

* Ensure quality and excellence of academic and student support programs and administrative units.
* Provide a standardized methodology for review of units.
* Provide a mechanism for demonstrating continuous quality improvement, producing a foundation for action.
* Identify effective and exemplary practices.
* Strengthen planning and decision-making based upon current data.
* Identify resource needs.
* Develop recommendations and strategies concerning future directions and provide evidence supporting plans for the future, within the program or unit, at the college and at the District level.
* Inform integrated planning at all levels within the College and the District.
* Ensure that services reflect student needs, encourage student success, and foster improved teaching and learning.
* Provide a baseline document for demonstration of continuous improvement and use as a reference for future annual program updates.

Components in the Process

The Non-Instructional Department, Program or Administrative Unit Program Review process, which occurs every three years, consists of answering a set of questions designed to aid in the examination of support and administrative services. These questions direct attention to assessment results, support services, administrative functions, and resource areas related to student success in order to develop a plan that will improve the quality of support and administrative services.

The primary components in the Non-Instructional Department, Program or Administrative Unit Program Review process include:

* The Non-Instructional department, support or administrative service Program Review Team
* Completion of a Non-Instructional Department, Program or Administrative Unit Program Review Narrative Report every three years
* Validation of the Non-Instructional Department, Program or Administrative Program Review Report
* Completion of three reporting templates (found in the appendix). They are:
* The *Program Review Resource Requests Template* in which to summarize key resource needs.

* The *Integrated Goal Setting Template* in which to set goals, objectives and action plans based upon the Program Review findings in alignment with PCCD Strategic Goals and Institutional Objectives.
* The *Validation Process Form* in which to document the validity of the program review.
* Annual Program Updates (APUs), which review progress in meeting goals identified in the Non-Instructional Program Review, are completed in the alternate years within the comprehensive Program Review three year- cycle.

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Thus, the recommendations and priorities from the Non-Instructional Department, Program or Administrative Unit Program Review feed directly into the development of departmental and/or unit plans. In turn, the departmental and/or unit plans serve as the driving mechanisms in formulation of updated educational, budget, technology and facilities plans.

The Non-Instructional Department, Program or Administrative Program Review Team

The Non-Instructional Program Department, Program or Administrative Unit Review Team at the College is comprised of the following members:

* Department, program or administrative unit Manager.
* Two additional staff members within the department, program or administrative unit.
* All staff within a department, program or administrative unit are encouraged to participate in the Non-Instructional Department, Program or Administrative Program Review process, although participation is not mandatory.
* A college body, such as a validation committee or institutional effectiveness committee, comprised of staff outside of the department, program or administrative unit.

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The Non-Instructional Department, Program or Administrative Unit Program Review Team will analyze the Program Level Outcomes and/or Service Area Outcomes assessment results and other information (student demographic data, needs assessments, student engagement surveys, student satisfaction surveys, etc.) and complete the Non-Instructional Department, Program or Administrative Unit Program Review Narrative Report.

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**Validation:** A *designated college body,* such as a validation committee or institutional effectiveness committee, will review the Non-Instructional Department, Program or Administrative Unit Program Review Narrative Report to ensure completeness of the narrative report, the resource needs template, and the goal setting template.

The validation committee will complete the validation form, including signatures, included in Appendix C and make recommendations to the Vice President of Instruction, Vice President of Student Services and College President.

Non-Instructional Department, Program or Administrative Unit Core Data Elements

**Part I. District Office**

The *District Office of Institutional Research* will provide the following data to the department or program by October 1st of each comprehensive program review year.

* Total enrollment data for the college (unduplicated) for the last three years disaggregated by age, gender, ethnicity and special populations (i.e.; foster youth, veterans, DSPS, etc.) for the last three years..
* Total number of students served in support and/or special programs disaggregated by age, gender, ethnicity, and special populations (i.e. foster youth, veterans, DSPS, etc.) for the past three years.
* Overall college retention rate disaggregated by age, gender, ethnicity, and special populations (i.e. foster youth, veterans, DSPS, etc.) for the last three years.
* Support and/or special program retention rates for the last three years, if applicable
* Overall college completion retention rate disaggregated by age, gender, ethnicity, and special populations (i.e. foster youth, veterans, DSPS, etc.) for the last three years.
* Support and/or special program completion rates for the last three years, if applicable
* Department, Program or Administrative Unit staff demographics: Full-time/part-time, by category of employment, disaggregated by age, gender, ethnicity

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**Part II. College**

The *Office of Instruction and the Vice President of Instruction* at the College will provide the following to the Non-Instructional department, program or unit manager.

* A copy of the PCCD Strategic Goals and Institutional Objectives for the current academic year.
* A copy of the College Goals and Objectives for the current academic year.
* Student satisfaction/engagement survey results (CSSE, Noel-Levitz, etc.), if applicable.
* Administrative unit and/or campus surveys, if applicable.

Definitions

**Administrative Unit:** An administrative unit is responsible for providing specific services throughout the college and/or provides services necessary to support the overall operation of the college.

**Administrative Unit Outcome (AUO):** a statement that describes the benefit that an administrative unit hopes to achieve that is a result of the work that the unit performs. Each AUO must be measurable with defined criteria.

**Assessment:** Measurement of a service area outcome. Self-assessment and evaluation surveys can provide the data. Collecting and analyzing the evidence leads to improvement of the unit’s effectiveness.

**Department/Program**: An individual area of service within the college.

**FTEF (Full Time Equivalent Faculty):** Also known as load equivalency. A full-time instructor teaching 15 lecture hours per week for one semester = 1.0 FTEF. One lecture hour = 50 minute instructional period. One lab hour = .8 of one lecture hour equivalent. This is a semester, or term, measure.

**FTES (Full Time Equivalent Student)**: This measure is used as the basis for computation of state support for California Community Colleges. For example, one student attending 15 hours a week for 35 weeks (one academic year) generates 1 FTES.

**Retention:** After the first census, the percent of students earning any grade but a “W” in a course, series of courses, or program.

**Service Area Outcome (SAO):** a statement that describes the benefit that a department or support service unit hopes to achieve that is a result of the work that the unit performs. Each SAO must be measurable with defined criteria.

**SSSP:** Student Support Services Program (formerly called matriculation). Services are required by the Seymour-Campbell Student Success Act of 2012. These services includes orientation, assessment and placement, educational planning, counseling, advising and follow-up services.

**Student Success:** Completion rates with a grade “C” or better. Completion rates can be at the course, program, degree or certificate level.

The Non-Instructional Department, Program or Administrative Unit Program Review Report

**1. College:**

 **Department, Program or Administrative Unit:**

 **Date:**

 **Members of the Department, Program or Administrative Unit Program Review Team:**

 **Members of the Validation Team:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Narrative Description:**

Please provide a mission statement or a brief general statement of the primary goals and objectives of your department, program or administrative unit. Include the essential functions of your department, program or administrative unit, any unique characteristics or trends affecting the department, program or administrative unit, as well as a description of how the department, program or administrative unit aligns with the college mission statement.

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**3.** **Organizational Chart :**

Please insert an organizational chart showing where the department, program or administrative unit is located within the college organizational structure.

Please discuss the relationship and engagement with other support services, programs, and/or administrative units and any influences these relationships have on the ability of the department, program or administrative unit to meet its goals.

Please describe how external factors (if applicable) , such as State and Federal laws, advisory board recommendations, changing demographics, etc. have on the support services your department, program or administrative unit provides.

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**4. Student Demographic Data:**

For Departments and Programs, please enter the following demographic data for the past three years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Department or Program Name: | Year 1 | Year 2 | Year 3  | % Change (year 1 to year 3) |
| Total Students Served (Headcount) |  |  |  |  |
| Gender: Male |  |  |  |  |
| Gender: Female |  |  |  |  |
| Gender: Unreported |  |  |  |  |
| Age: ≤ 19 years |  |  |  |  |
| Age: 20 -24 |  |  |  |  |
| Age: 25 - 29 |  |  |  |  |
| Age: 30 - 39 |  |  |  |  |
| Age: 40 - 49 |  |  |  |  |
| Age: ≥50 |  |  |  |  |
| Ethnicity: African-American/Black |  |  |  |  |
| Ethnicity: Asian/Pacific Islander |  |  |  |  |
| Ethnicity: Hispanic/Latina/Latino |  |  |  |  |
| Ethnicity: Native American |  |  |  |  |
| Ethnicity: Other Non-White |  |  |  |  |
| Ethnicity: White |  |  |  |  |
| Ethnicity: Unreported |  |  |  |  |

For Administrative Units, please enter the following demographic data for the past three years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Administrative Unit Name: | Year 1 | Year 2 | Year 3  | % Change (year 1 to year 3) |
| Total Students Served (Headcount) |  |  |  |  |
| Gender: Male |  |  |  |  |
| Gender: Female |  |  |  |  |
| Gender: Unreported |  |  |  |  |
| Age: ≤ 19 years |  |  |  |  |
| Age: 20 -24 |  |  |  |  |
| Age: 25 - 29 |  |  |  |  |
| Age: 30 - 39 |  |  |  |  |
| Age: 40 - 49 |  |  |  |  |
| Age: ≥50 |  |  |  |  |
| Ethnicity: African-American/Black |  |  |  |  |
| Ethnicity: Asian/Pacific Islander |  |  |  |  |
| Ethnicity: Hispanic/Latina/Latino |  |  |  |  |
| Ethnicity: Native American |  |  |  |  |
| Ethnicity: Other Non-White |  |  |  |  |
| Ethnicity: White |  |  |  |  |
| Ethnicity: Unreported |  |  |  |  |

* Using the data entered for your department, program or administrative unit above, briefly explain the changes in students served for the past three years.

**5. Assessment:**

Please answer the following questions and attach the TaskStream “At a Glance” report, if applicable, for your department, program or administrative unit.

*Questions:*

* How does your department, program or administrative unit ensure that students are aware of the program level outcomes and/or service area outcomes for your area? Where are the program level outcomes and/or service area outcomes published? If they are on a website, please include a live link to the page where they can be found.
* Briefly describe at least two of the **most significant changes/improvements** your department, program or administrative unit made in the past three years as a response to analysis and discussion of program level outcomes and/or service area assessment results. Please state the program level outcome and/or service area outcome and assessment cycle (year) for each example and attach the data from the “Status Report” section of TaskStream for these findings.

Improvement 1.

Improvement 2.

* Briefly describe two of the **most significant examples** of plans for program level and/or service area improvement for the next three years as result of what you learned during the assessment process. Please state the program level outcome and/or service area outcome and attach the data from the “Assessment Findings and Action Plan” section of TaskStream, if applicable, for each example.

Plan 1.

Plan 2.

* Describe your department, program or administrative unit’s participation in assessment of institutional level outcomes (ILOs).
* How are the program level outcomes and/or service area outcomes aligned with the institutional level outcomes and to the college mission? Please describe and attach the “Goal Alignment Summary” from TaskStream, if applicable.
* What do members of your department, program or administrative unit do to ensure that meaningful dialogue takes place in both developing and assessing the program level outcomes and/or service area outcomes?
* Briefly describe the results of any student satisfaction surveys or college surveys that included evaluation and/or input about the effectiveness of the services provided by your department, program or administrative unit. How has this information informed department, program or administrative unit planning and goal setting?
* How do you know that your program is effective? What are the indicators that measure your effectiveness? What are the expected results of these indicators?

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**6. Student Success:**

**For Specialized Support Services Programs:**

* Describe course completion rates *(% of students that earned a grade “C” or better or “Credit”)* in the courses within your program for the past three years. Please list each course separately. How do the program’s course completion rates compare to the college course completion standard?

College course completion standard \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program’s course completion rates:

Course 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 (course name and number) rate, year 1 rate, year 2 rate, year 3

Course 2. .\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 (course name and number) rate, year 1 rate, year 2 rate, year 3

Course 3. .\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 (course name and number) rate, year 1 rate, year 2 rate, year 3

Etc.

* Briefly describe the program’s overall retention rates *(*After the first census, the percent of students earning any grade but a “W” in a course or series of courses) for the past three years. How does the program’s retention rate compare to the college retention standard?

College retention standard \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program retention rates:

Year 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year 2. .\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year 3. .\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What has the program done to improve course completion and program retention rates? What is planned for the next three years?

Please provide the following information about these specific SSSP services, as applicable, for students in your program, for the past three years.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 1.** | **Year 2.** | **Year 3.** |
| Number of students that completed orientation |  |  |  |
| Number of students that completed assessment |  |  |  |
| Number of completed Student Educational Plans (SEPs) |  |  |  |
| Number of Abbreviated versus Comprehensive SEPs |  |  |  |
| Total number of follow-up services |  |  |  |
| Number of Early Alert referrals |  |  |  |

* What has the department/program done to improve SSSP services? What is planned for the next three years?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7.** **Human, Technological, and Physical Resources** **(including equipment and facilities):**

* Describe your current level of staff, including full-time and part-time faculty, classified staff, and other categories of employment.

Full-time faculty headcount \_\_\_\_\_\_\_\_\_\_\_\_

Part-time faculty headcount \_\_\_\_\_\_\_\_\_\_\_\_

Total FTEF faculty for the discipline, department, or program \_\_\_\_\_\_\_\_\_\_\_\_\_

Full-time/part-time faculty ratio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classified staff headcount, if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Administrative staff:

 Other:

* What are your key staffing needs for the next three years? Why? Please provide evidence to support your request such as assessment results data, student success data, enrollment data, data on the number or type of services provided, survey results, and/or other factors.
* Describe your current utilization of facilities and equipment.
* What are your key technological needs for the next three years? Why? Please provide evidence to support your request such as assessment results data, student success data, enrollment data, data on the number or type of services provided, survey results, and/or other factors.
* What are your key facilities needs for the next three years? Why? Please provide evidence to support your request such as assessment results data, student success data, enrollment data, data on the number or type of services provided, survey results, and/or other factors.
* Please complete the Non-Instructional Program Review Prioritized New Resource Requests Template included in Appendix A.

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**8.** **Community, Institutional, and Professional Engagement and Partnerships:**

* Discuss how faculty and/or staff have engaged in institutional efforts such as committees, presentations, and departmental/program activities. Please list the committees that full-time employees participate in.
* Discuss how faculty and/or staff have engaged in community activities, partnerships and/or collaborations.
* Discuss how adjunct faculty members and/or part-time hourly employees are included in departmental or program trainings, discussions, and decision-making.

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**9. Professional Development:**

* Please describe the professional development needs of the department, program or administrative unit. Include specifics such as training in the use of technology, use of online resources, cultural sensitivity, mentoring, and activities that help individuals stay current with their job responsibilities, etc.

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10. **Department, Program or Administrative Unit Goals and Activities:**

* Briefly describe and discuss the department, program or administrative unit’s goals and activities for the next three years, including the rationale for setting these goals. NOTE: Progress in attaining these goals will be assessed in subsequent years through annual program updates (APUs).
* Then fill out the goal setting template included in Appendix B. which aligns your department, program or administrative unit’s goals to the college mission statement and goals and the PCCD strategic goals and institutional objectives.
* **Goal 1. Support Services:**

Activities and Rationale:

* **Goal 2. Assessment (of SAOs or AUOs):**

Activities and Rationale:

* **Goal 3. Student Success:**

Activities and Rationale:

* **Goal 4. Student Success:**

Activities and Rationale:

* **Goal 5. Professional Development, Community, Institutional and Professional Engagement and Partnerships:**

Activities and Rationale:

* Please complete the Program Review Integrated Goal Setting Template included in Appendix B.

Appendices

Appendix A

Non-Instructional Department, Program or Administrative Unit Program Review

Prioritized New Resource Requests Summary

**College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Discipline, Department or Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Resource Category** | **Description**  | **Priority** **Ranking** **(1 – 5, etc.)**  | **Estimated Cost** | **Justification****(page # in the program review narrative report)** |
| **Human Resources: Faculty** |  |  |  |  |
| **Human Resources: Classified** |  |  |  |  |
| **Human Resources: Student Workers** |  |  |  |  |
| **Technology** |  |  |  |  |
| **Equipment** |  |  |  |  |
| **Supplies** |  |  |  |  |
| **Facilities** |  |  |  |  |
| **Professional Development** |  |  |  |  |
| **Other (specify)** |  |  |  |  |

Appendix B

**PCCD Program Review**

**Alignment of Goals Template**

**College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department, Program or Administrative Unit : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Department, Program or Administrative Unit Goal**  | **College Goal** | **PCCD Goal and Institutional Objective**  |
| 1.  |  |  |
| 2.  |  |  |
| 3.  |  |  |
| 4.  |  |  |
| 5.  |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |

Appendix C

**Program Review Validation Form and Signature Page**

**College:**

**Department, Program or Administrative Unit:**

**Part I. Overall Assessment of the Program Review Report**

|  |  |
| --- | --- |
| Review Criteria | Comments: Explanation if the box is not checked |
| 1. The narrative information is complete and all elements of the program review are addressed.2. The analysis of data is thorough.3. Conclusions and recommendations are well-substantiated and relate to the analysis of the data.4. Department, program or administrative unit planning goals are articulated in the report. The goals address noted areas of concern.5. The resource requests are connected to the department, program or administrative unit planning goals and are aligned to the college goals. |  |

**Part II. Choose one of the Ratings Below and Follow the Instructions.**

|  |  |
| --- | --- |
| Rating | Instructions |
| 1. Accepted.2. Conditionally Accepted.3. Not Accepted. | 1. Complete the signatures below and submit to the Vice President of Instruction. 2. Provide commentary that indicates areas in the report that require improvement and return the report to the department, program or administrative unit manager with a timeline for resubmission to the validation chair.3. Provide commentary that indicates areas in the report that require improvement and return the report to the department, program or administrative unit manager with instructions to revise. Notify the Dean and Vice President of Instruction of the non-accepted status. |

**Part III. Signatures**

**Validation Team Chair**

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Print Name Signature Date

**Counseling Department Chair**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name Signature Date

**Received by Vice President of Instruction or Vice President of Student Services**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name Signature Date

