

Administrative Planning Committee Annual Program Plan/Review Assessment

Program Name: Marketing	APC Member(s) Reviewers: Anderson
-------------------------	-----------------------------------

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 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 checked="" type="checkbox"/> Summary of action plans <input checked="" type="checkbox"/> Thorough summary	The major request for additional staff should be front and center.	<input type="checkbox"/>
Program Context				
1. Mission:				
2. Program Description				
	Provides: <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" 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 type="checkbox"/> Employment needs <input checked="" type="checkbox"/> Technology needs <input type="checkbox"/> Licensing <input type="checkbox"/> Accreditation <input checked="" 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	<input type="checkbox"/>
Looking Back				
4. Describe major accomplishments				
	Provides: <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" 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 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 checked="" type="checkbox"/> Further description of new resources' impact on program <input checked="" type="checkbox"/> Further description of impact on students <input checked="" type="checkbox"/> Efforts to make changes	<input type="checkbox"/> Not Applicable	<input type="checkbox"/>

Administrative Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
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 type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" 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 checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<input 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 checked="" type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input checked="" 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"/>
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 checked="" type="checkbox"/> Evidence <input checked="" 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"/> 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: See SPOL for details	Not review by APC	Not review by APC	<input type="checkbox"/> No recommendation or change needed	<input type="checkbox"/>
10. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	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"/>

Overall Commendations:

Very good job. Impressive work that you and the team are doing. Thrilled with all that your department provides for the college.

Overall Recommendations:

- I think that it may be helpful to distinguish clearly among the roles of those responsible. I'm not sure if it will get confusing or diffuse down the road when all three team members are responsible for every goal.
- The SAOs were hard to write for the team in Instruction, and I imagine they are also difficult in your area. Still though, you may wish to revise them to be 1. parallel, and 2. in standard format
- I would suggest a comprehensive analysis of all that your department has accomplished. It's an amazing level of productivity and it should be documented.
- Since one of the team is not part of your unit, assigning major tasks to him may be awkward. While he can contribute, support, advise, and create, we need to be careful to not hold him responsible for major initiatives.

Overall Program Effectiveness: Effective

- Highly effective
- Effective**
- Needs program improvement

Approval Process is embedded in SPOL (Approval from APC and president)

Administrative Planning Committee Annual Program Plan/Review Assessment

Program Name: Marketing and Communications	APC Member(s) Reviewers: Barbara Bucton
--	---

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 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 checked="" type="checkbox"/> Summary of strengths <input type="checkbox"/> Summary of challenges <input type="checkbox"/> Summary of action plans <input checked="" type="checkbox"/> Thorough summary		<input type="checkbox"/>
Program Context				
1. Mission:				
2. Program Description	Provides: <input checked="" type="checkbox"/> Evidence <input checked="" 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 checked="" type="checkbox"/> Impact on program	Information needed: <input type="checkbox"/> Community needs <input type="checkbox"/> Employment needs <input checked="" 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	<input type="checkbox"/>
Looking Back				
4. Describe major accomplishments	Provides: <input checked="" type="checkbox"/> Evidence <input checked="" 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"/>
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 checked="" 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		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
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 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"/> No recommendation or change needed	<input type="checkbox"/>
6B. State of Program—Evaluation: What changes could be implemented to improve your program?	Provides: <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<input 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 checked="" 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"/> 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 checked="" type="checkbox"/> Evidence <input checked="" 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"/> 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: See SPOL for details	Not review by APC	Not review by APC	<input type="checkbox"/> No recommendation or change needed	<input type="checkbox"/>
10. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	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"/>

Overall Commendations:

Overall Recommendations:

Overall Program Effectiveness:

- Highly effective
- Effective
- Needs program improvement

Approval Process is embedded in SPOL (Approval from APC and president)

Administrative Planning Committee Annual Program Plan/Review Assessment

Program Name: Marketing	APC Member(s) Reviewers: Chialin
-------------------------	----------------------------------

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 checked="" 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 checked="" 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	Collaboration with Instruction and Student Services. On the Marketing Description, you may consider emphasizing how you work with faculty on promoting their programs.	<input checked="" 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 type="checkbox"/> Employment needs <input checked="" type="checkbox"/> Technology needs <input type="checkbox"/> Licensing <input type="checkbox"/> Accreditation <input checked="" 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	<input checked="" type="checkbox"/>
Looking Back				
4. Describe major accomplishments				
	Provides: <input checked="" type="checkbox"/> Evidence <input checked="" 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"/>

<p>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.</p>	<p>Provides:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Thorough description of new resources' impact on program <input type="checkbox"/> Thorough description of impact on students <input checked="" type="checkbox"/> Efforts to make changes <input type="checkbox"/> Efforts to make changes 	<p>Information needed:</p> <ul style="list-style-type: none"> <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 	<p><input type="checkbox"/> Not Applicable</p>	<p><input type="checkbox"/></p>
--	---	---	--	---------------------------------

Administrative Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
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 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"/> No recommendation or change needed	<input type="checkbox"/>
6B. State of Program—Evaluation: What changes could be implemented to improve your program?	Provides: <input checked="" type="checkbox"/> Evidence <input checked="" 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"/> 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 checked="" 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"/> No recommendation or change needed Is there any connection between Outreach SAO#1 with any of the student services SAO? If there are, you may want to mention it. It will demonstrate the collaboration not only by department but also service area outcome.	<input checked="" 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 type="checkbox"/> Analysis <input 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 No finding yet?	<input type="checkbox"/>
Looking Ahead (at SPOL Planning Module)				

<p>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.</p>	<p>Provided: <input checked="" type="checkbox"/> Thorough description of action plans</p>	<p>Information needed: <input type="checkbox"/> Further description of action plans</p>	<p><input type="checkbox"/> No recommendation or change needed</p>	<p><input type="checkbox"/></p>
<p>9. Personnel request: See SPOL for details</p>	<p>Not review by APC</p>	<p>Not review by APC</p>	<p><input type="checkbox"/> No recommendation or change needed</p>	<p><input type="checkbox"/></p>
<p>10. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.</p>	<p>Provided: <input checked="" type="checkbox"/> Thorough description of action plans</p>	<p>Information needed: <input type="checkbox"/> Further description of action plans</p>	<p><input type="checkbox"/> No recommendation or change needed</p>	<p><input type="checkbox"/></p>

Overall Commendations:

Great job! Very clearly articulated, critically analyses, and clear direction for moving forward.

Overall Recommendations:

Overall Program Effectiveness:

- Highly effective
- Effective
- Needs program improvement

Approval Process is embedded in SPOL (Approval from APC and president)

Administrative Planning Committee Annual Program Plan/Review Assessment

Program Name: Communication & Marketing	APC Member(s) Reviewers: Debbie Joy
---	-------------------------------------

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	Does the addition of the Outreach team fulfil Marketing's need for additional staff?	<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 type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input checked="" 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 checked="" type="checkbox"/> Technology needs <input type="checkbox"/> Licensing <input type="checkbox"/> Accreditation <input checked="" 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 checked="" type="checkbox"/> Accreditation <input type="checkbox"/> Impact on program	<input 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 type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" 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 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 checked="" type="checkbox"/> Further description of new resources' impact on program <input checked="" type="checkbox"/> Further description of impact on students <input checked="" type="checkbox"/> Efforts to make changes	<input type="checkbox"/> Not Applicable	<input type="checkbox"/>

Administrative Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
Current State of the Program				
6A. State of the Program—Observation: Describe the current state of the program (include strengths and challenges)	Provides: <input type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Information needed: <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" 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 type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<input 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 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"/>
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 type="checkbox"/> Analysis <input 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"/>
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: See SPOL for details	Not review by APC	Not review by APC	<input type="checkbox"/> No recommendation or change needed	<input type="checkbox"/>
10. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	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	<input type="checkbox"/>

Overall Commendations:

Overall Recommendations:

Overall Program Effectiveness:

- Highly effective
- Effective
- Needs program improvement

Approval Process is embedded in SPOL (Approval from APC and president)

Administrative Planning Committee Annual Program Plan/Review Assessment

MCPR	APC Member(s) Reviewers: Jennifer Hughes
------	--

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
<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.	Provides: <input checked="" type="checkbox"/> Summary of strengths <input checked="" type="checkbox"/> Summary of challenges <input checked="" type="checkbox"/> Summary of action plans <input checked="" 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	Excellent summary	<input type="checkbox"/>
<u>Program Context</u>				
1. Mission:				
2. Program Description	Provides: <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Good description of how program supports mission. Good description of various functions within the department (e.g. Communications, Outreach.)	<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 type="checkbox"/> Employment needs <input checked="" type="checkbox"/> Technology needs <input type="checkbox"/> Licensing <input type="checkbox"/> Accreditation <input checked="" 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 Provides good description of trends in marketing.	<input type="checkbox"/>
<u>Looking Back</u>				
4. Describe major accomplishments	Provides: <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input 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	Good summary of various mediums used and increases in website hits. Good description of challenges.	<input type="checkbox"/>
5. Impact of Resources Allocations: Describe the impact to date that each new resource (staff, non-instructional assignment, equipment,	Provides:	Information needed:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/>

<p>facilities, research, funding) has had on your program and measures of student success or client satisfaction.</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> Efforts to make changes 	<ul style="list-style-type: none"> <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 	<p>May again want to mention the staffing needed to be able to provide the necessary services for the college.</p>	
---	--	--	--	--

Administrative Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
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 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 checked="" type="checkbox"/> No recommendation or change needed Good summary	<input type="checkbox"/>
6B. State of Program—Evaluation: What changes could be implemented to improve your program?	Provides: <input checked="" type="checkbox"/> Evidence <input checked="" 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 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 checked="" 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"/> No recommendation or change needed SOAs are appropriate and well developed.	<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 type="checkbox"/> Analysis <input 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"/>
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: See SPOL for details	Not review by APC	Not review by APC	<input type="checkbox"/> No recommendation or change needed	<input type="checkbox"/>

<p>10. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.</p>	<p>Provided: <input type="checkbox"/> Thorough description of action plans</p>	<p>Information needed: <input type="checkbox"/> Further description of action plans</p>	<p><input type="checkbox"/> No recommendation or change needed</p>	<p><input type="checkbox"/></p>
--	--	---	--	---------------------------------

Overall Commendations:

Very clear action plan.

Overall Recommendations:

Overall Program Effectiveness:

- Highly effective
- Effective**
- Needs program improvement

Approval Process is embedded in SPOL (Approval from APC and president)

Administrative Planning Committee Annual Program Plan/Review Assessment

Program Name: Marketing	APC Member(s) Reviewers: Kim
-------------------------	------------------------------

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 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 checked="" type="checkbox"/> Summary of action plans <input type="checkbox"/> Thorough summary	Identify the additional staff needed to meet challenges.	<input type="checkbox"/>
Program Context				
1. Mission:				
2. Program Description	Provides: <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input 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"/>
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 type="checkbox"/> Employment needs <input checked="" type="checkbox"/> Technology needs <input type="checkbox"/> Licensing <input type="checkbox"/> Accreditation <input checked="" 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	<input type="checkbox"/>
Looking Back				
4. Describe major accomplishments	Provides: <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" 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 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 checked="" type="checkbox"/> Further description of new resources' impact on program <input checked="" type="checkbox"/> Further description of impact on students <input checked="" type="checkbox"/> Efforts to make changes	<input type="checkbox"/> Not Applicable	<input type="checkbox"/>

Administrative Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
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 type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" 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 checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<input 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 checked="" 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"/> 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 checked="" type="checkbox"/> Evidence <input checked="" 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"/> 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: See SPOL for details	Not review by APC	Not review by APC	<input type="checkbox"/> No recommendation or change needed	<input type="checkbox"/>
10. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	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"/>

Overall Commendations:

Overall, a thoughtful program review with measurable goals. Position request, equipment and facility needs are included.

Overall Recommendations:

An in-depth analysis of current efforts/accomplishments was not provided.

Overall Program Effectiveness: Effective

- Highly effective
- Effective
- Needs program improvement

Approval Process is embedded in SPOL (Approval from APC and president)

Administrative Planning Committee Annual Program Plan/Review Assessment

Program Name: Marketing / College Communications	APC Member(s) Reviewers: Mary Chries Concha Thia
--	--

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 checked="" 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 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"/>
3. Community and Labor Needs: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program.	Provides: <input 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		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
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 type="checkbox"/> Analysis <input 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 type="checkbox"/> Analysis <input 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"/> No recommendation or change needed	<input type="checkbox"/>
7A. Service Area Outcomes (SAOs) Assessment Plan: Describe your program's SAO Assessment Plan.	Provides: <input type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input 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"/>
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 checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input 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"/> 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 checked="" type="checkbox"/> No recommendation or change needed	<input type="checkbox"/>
9. Personnel request: See SPOL for details	Not review by APC	Not review by APC	<input type="checkbox"/> No recommendation or change needed	<input type="checkbox"/>
10. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	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	<input type="checkbox"/>

Overall Commendations:

Great Details of accomplishments and future plans.

Overall Recommendations:

Overall Program Effectiveness:

- Highly effective
- Effective
- Needs program improvement

Approval Process is embedded in SPOL (Approval from APC and president)

Administrative Planning Committee Annual Program Plan/Review Assessment

Program Name: MCPR	APC Member(s) Reviewers: Michelle Marquez
--------------------	---

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 checked="" 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 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	Thank you for separating the different area descriptions – very easy to read.	<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 type="checkbox"/> Community needs <input type="checkbox"/> Employment needs <input type="checkbox"/> Technology needs <input type="checkbox"/> Licensing <input type="checkbox"/> Accreditation <input checked="" type="checkbox"/> Impact on program	Information needed: <input type="checkbox"/> Community needs <input type="checkbox"/> Employment needs <input checked="" 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	<input type="checkbox"/>
Looking Back				
4. Describe major accomplishments	Provides: <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Amazing growth in web presence. Wow!	<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 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 checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/>

Administrative Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
Current State of the Program				
6A. State of the Program—Observation: Describe the current state of the program (include strengths and challenges)	Provides: <input type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" 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 type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<input 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 checked="" 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"/> 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 checked="" type="checkbox"/> Evidence <input checked="" 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"/> 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: See SPOL for details	Not review by APC	Not review by APC	<input type="checkbox"/> No recommendation or change needed	<input type="checkbox"/>
10. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	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"/>

Overall Commendations:

This report provides a concise yet informative description of a great deal of work that has occurred to create a comprehensive Marketing, Communications, and Public Relations and Outreach department.

Overall Recommendations:

For future program review, incorporate student impact where appropriate.

Overall Program Effectiveness:

- Highly effective
- Effective
- Needs program improvement

Approval Process is embedded in SPOL (Approval from APC and president)

Administrative Planning Committee Annual Program Plan/Review Assessment

Program Name: MCPR	APC Member(s) Reviewers: Tracy Huang
--------------------	--------------------------------------

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 type="checkbox"/> Summary of strengths <input type="checkbox"/> Summary of 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 challenges <input type="checkbox"/> Summary of action plans <input type="checkbox"/> Thorough summary	It's ok.	<input type="checkbox"/>
Program Context				
1. Mission:				
2. Program Description	Provides: <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input 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	It would be informative to note when Outreach became part of MCPR.	<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 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 checked="" 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	<input type="checkbox"/>
Looking Back				
4. Describe major accomplishments	Provides: <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	How has marketing efforts and communication mediums increase traffic to College website? Are there spikes after each campaign? What evidence are there that enrollment increased as result to media campaigns?	<input type="checkbox"/>

<p>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.</p>	<p>Provides:</p> <ul style="list-style-type: none"> <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 	<p>Information needed:</p> <ul style="list-style-type: none"> <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 	<p><input type="checkbox"/> Not Applicable</p>	<p><input type="checkbox"/></p>
--	--	---	--	---------------------------------

Administrative Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
Current State of the Program				
6A. State of the Program—Observation: Describe the current state of the program (include strengths and challenges)	Provides: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input 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 type="checkbox"/> Analysis <input 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"/>
7A. Service Area Outcomes (SAOs) Assessment Plan: Describe your program's SAO Assessment Plan.	Provides: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input 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"/>
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 type="checkbox"/> Analysis <input 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"/>
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: See SPOL for details	Not review by APC	Not review by APC	<input type="checkbox"/> No recommendation or change needed	<input type="checkbox"/>
10. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	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	<input type="checkbox"/>

Overall Commendations:

Overall Recommendations:

3. How much has College's demand for MCPR increased? What data do you have to show such demand?

7a. Can these strategies be refined to target specific group of students. For example, outreach to high school will impact new students, marketing efforts to promote continued registration. Can evidence be disaggregated by which webpage (i.e., application page during registration), internal versus external IP address.

7b. Since you don't currently have any findings for your SAO assessments, what you plan report should be part of 7a.

Overall Program Effectiveness:

- Highly effective
- Effective
- Needs program improvement

Approval Process is embedded in SPOL (Approval from APC and president)

