# Annual Program Plan/Review Assessment

# Student Services Planning Committee

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| Program Name: Click here to enter text. | |
| SSPC Member(s) Reviewers: Click here to enter text. | Date Reviewed: Click here to enter text. |

The purpose of this form is to provide feedback on the quality of the program review to the Department/Program.

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| Student Services 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:  Evidence  Analysis  Impact on students  Efforts to make changes | | | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes | | | Click here to enter text. |  | |
| Program Context | | | | | | | |  | |
| 1. Mission | Provides:  Evidence  Analysis  Impact on students  Efforts to make changes | | | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes | | | Click here to enter text. |  | |
| 1. Program Description | Provides:  Evidence  Analysis  Impact on students  Efforts to make changes | | | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes | | | Click here to enter text. |  | |
| 1. Community and Labor Needs: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program. | Provides:  Evidence  Analysis  Impact on students  Efforts to make changes | | | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes | | | Click here to enter text. |  | |
| Looking Back | | | | | | | |  | |
| 1. Describe major accomplishments | Provides:  Evidence  Analysis  Impact on students  Efforts to make changes | | | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes | | Click here to enter text. | |  | |
| 1. 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:  Evidence  Analysis  Impact on students  Efforts to make changes | | | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes | | Click here to enter text. | |  | |
| Student Services 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:  Evidence  Analysis  Impact on students  Efforts to make changes | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes | | Click here to enter text. | | | |  | |
| 6B. State of Program—Evaluation: What changes could be implemented to improve your program? | | Provides:  Evidence  Analysis  Impact on students  Efforts to make changes | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes | | Click here to enter text. | | | |  | |
| 7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment: State your current year SAOs and SLOs. | | Provides:  Evidence  Analysis  Impact on students  Efforts to make changes | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes | | Click here to enter text. | | | |  | |
| 7B. SAO Assessment Plan: Describe your program’s SAO Assessment Plan. | | Provides:  Evidence  Analysis  Impact on students  Efforts to make changes | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes | | Click here to enter text. | | | |  | |
| 7C. SAO Assessment Results and Impact: Summarize the findings of your program’s SAO Assessments. | | Provides:  Evidence  Analysis  Impact on students  Efforts to make changes | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes | | Click here to enter text. | | | |  | |
| 7D. SLO Assessment Plan: Describe your program’s SLO Assessment Plan | | Provides:  Evidence  Analysis  Impact on students  Efforts to make changes | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes | | Click here to enter text. | | | |  | |
| 7E. SLO Assessment Results and Impact: Summarize the findings of your program’s SLO Assessments. What are some improvements that have been, or can be, implemented as a result of SLO Assessment? | | Provides:  Evidence  Analysis  Impact on students  Efforts to make changes | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes | | Click here to enter text. | | | |  | |

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|  | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Check** |
| Looking Ahead | | | | |
| 7F. SAOs and SLOs for the Next Review Cycle: Describe how you will address identified opportunities for improvement. | Provides:  Evidence  Analysis  Impact on students  Efforts to make changes | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes | Click here to enter text. |  |
| Resource Requests | **Developing** | **Acceptable** | **Exemplary** | **Comments** |
| 8. Equipment, technology, and facilities requests:  Use this objective to request supplies, equipment, technology or facilities improvements. | Information is unclear | Description is acceptable but needs additional information | Information is complete | Click here to enter text. |
| 9. 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. | Information is unclear | Description is acceptable but needs additional information | Information is complete | Click here to enter text. |

**Overall Commendations:**

Click here to enter text.

**Overall Recommendations:**

Click here to enter text.

**Overall Program Effectiveness:**

Highly effective

Effective

Needs program improvement

**Dean’s perspective on the vitality of program:**

*See the executive summary under SSPR in SPOL*

Click here to enter text.

**Approval Process is embedded in SPOL (Approval from SSPC chairs and VPs)**

Click here to enter text.