



[Program Title]
Instructional Program Review -

Spring 20

Prepared by

Name	Title	Name	Title
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[Program Title] Program Review Committee Members

Name	Title	Name	Title
<input type="text" value="Fill in . ."/>	<input type="text" value="Fill in . ."/>	<input type="text" value="Fill in . ."/>	<input type="text" value="Fill in . ."/>
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PROGRAM REVIEW – [Program Title]

The final summary of the program review process for [Program Title] is attached to this page.

I affirm that this program has been reviewed according to the accepted District procedures for program review and that the final summary accurately reflects the consensus of the members of the review committee.

_____	_____
[Name of Department Dean], Dean of [Division/Department Name]	date
_____	_____
Michelle Plug, Articulation Officer	date
_____	_____
[Name],, Chair of Curriculum Committee	date
_____	_____
Irene Malmgren, Vice President of Academic Affairs	date
_____	_____
[Name],, Academic Senate President	date
_____	_____
Geraldine M. Perri, Superintendent/President	date

It will be the department’s responsibility to communicate review recommendations with additional offices and services.

Table of Contents		page #
1. Executive Summary	. Fill in . .	
2. Faculty and staff	. Fill in . .	
3. Program description (<i>using the catalog description</i>)	. Fill in . .	
4. Program goals and objectives	. Fill in . .	
5. List and review of degrees, certificates, and awards	. Fill in . .	
6. List of industry-based standard certificates and licenses	. Fill in . .	
7. Advisory committee or council	. Fill in . .	
8. Program Student Learning Outcomes (SLOs)	. Fill in . .	
9. Curriculum review and Student Learning Outcomes Assessment	. Fill in . .	
10. Review of previous recommendations	. Fill in . .	
11. Evaluation Criteria - Mission	. Fill in . .	
12. Evaluation Criteria - Need	. Fill in . .	
13. Evaluation Criteria - Quality	. Fill in . .	
14. Evaluation Criteria - Feasibility	. Fill in . .	
15. Evaluation Criteria – Compliance	. Fill in . .	

16. Recommendations

17. Budget Recommendations

Attachment A – Key performance indicator data

Additional Attachments are optional

Attachment B –

Attachment C –

Attachment D –

Attachment E –

Attachment F –

1. Executive Summary

One page summary that provides comments in the following areas:

- A. Program History/Description – summary of progress/changes since the last program review.
- B. Strengths /Effective Practices
- C. Weaknesses/Lessons Learned
- D. Recommendations/Next Steps – include comments on needed improvements in the next six year cycle. A prioritized list of the review team’s recommendations will be included in sections 16 and 17.

A. Program History/Description

Fill in . . .

B. Strengths/Effective Practices

Fill in . . .

C. Weaknesses/Lessons Learned

Fill in . . .

D. Recommendations/Next Steps

Fill in . . .

2. Faculty

[A list of all full-time and part-time faculty and staff active in the program at the time of this review. Provide organizational chart if available.]

Full-Time Faculty

Fill in . . .

Fill in . . .

Fill in . . .

Adjunct Faculty

Fill in . . .

Fill in . . .

Fill in . . .

3. Program description

[Insert the program description from the Citrus College catalog, noting any changes that should be made.]

Fill in . . .

4. Program Goals and Objectives

[This description of the program goals may be written as a short paragraph or as an itemized list. It may include educational goals (i.e., “preparing students to transfer to a four-year institution” or “have students earn a degree or certificate”) and more general program-specific goals or skills (i.e., “have students develop problem-solving skills” or “have students understand the nature of science”).]

. Fill in . .

The goals and objectives of the [Program Name] . Fill in . . Program are:

a) . Fill in . .

5. List and Review of Degrees, Certificates, and Awards

[Brief discussion of degrees to include review of their currency, content and learning outcomes. Recommendations for revisions, as needed.]

. Fill in . .

[All degrees, certificates, and awards related to the program should be listed here, along with information regarding time to completion, course access/availability, SLO status, assessment status, and date of last review and revision. *In a separate document, attach a degree/certificate "map" that shows the planned progressive sequence of courses by semester as applicable to an on-level student entering in the fall semester and attending full-time (whenever possible). Include all mandatory and recommended/silent prerequisites in the map.*]

- Are the courses being scheduled efficiently and as planned to ensure student completion?
- Can students complete the degree or certificate in a timely manner relative to the requirements?
- Is the degree or certificate meeting the needs of the students and/or industry? Should the certificate or degree be modified?
- Is the degree/certificate currently aligned with any high schools, ROPs or 4-year institutions?

Degree or Certificate Title	Date last reviewed by Curriculum	Average number of awards each year	Date degree SLOs written	Date degree SLOs Assessed	Date last reviewed by Advisory Council
. Fill in . .	. Fill in . .	. Fill in . .	. Fill in . .	. Fill in . .	. Fill in . .
. Fill in . .	. Fill in . .	. Fill in . .	. Fill in . .	. Fill in . .	. Fill in . .
. Fill in . .	. Fill in . .	. Fill in . .	. Fill in . .	. Fill in . .	. Fill in . .
. Fill in . .	. Fill in . .	. Fill in . .	. Fill in . .	. Fill in . .	. Fill in . .
. Fill in . .	. Fill in . .	. Fill in . .	. Fill in . .	. Fill in . .	. Fill in . .

[Provide a list of certificates and/or awards granted by the program; include the number of certificates or awards issued during the years since the last program review. If none are offered, indicate "none."]

- [Name of Certificate or Award]
[Courses (program of study)]
- [Name of Certificate or Award]
[Courses (program of study)]
- [Name of Certificate or Award]
[Courses (program of study)]

. Fill in . .

6. List of Industry-Based Standard Certificates and Licenses

[A list of industry-based standard certificates associated with the program. If none are offered, indicate "none."]

7. Advisory Committee or Council *

* Applies only to programs with CTE courses

[A list of the members of the advisory committee. Include the name and their position in the related industry. Do not include address or contact information. Please indicate the chair of this committee/council. If the program does not require an advisory committee, indicate as "n/a." Consider whether development of an advisory board is needed]

Name	Position / Company
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

8. Program Student Learning Outcomes

[Program-level SLOs are broad SLOs which apply to all courses in the program. They should be listed under the appropriate core competency. List only SLOs which are appropriate to the program; the program is not required to have an SLO in each of the six core competencies. However, you should be able to match each course-level SLO with a more general, program-level SLO. There is no specific format for the program-level SLOs, but you may use the "Outcome-Rationale-Assessment" model used for the course level SLOs.]

The [Program Title] Program has adopted the Institutional General Education Competencies of Citrus College (as approved by Steering December 8, 2008). General education competencies serve as a common set of core curricular components identified and defined by faculty. Student learning outcomes are behaviors based on these competencies.

Any student transferring, completing a degree or certificate from Citrus College, must demonstrate effectively assessed awareness, understanding, knowledge, skills, and abilities in the selected competencies.

Students completing courses in the [Program Title] Program will have acquired the following competencies:

1) Communication (personal expression and information acquisition)

2) Computation

. Fill in . .

3) Creative, Critical, and Analytical Thinking, and Information Competency

. Fill in . .

4) Community/Global Consciousness and Responsibility

. Fill in . .

5) Technology

. Fill in . .

6) Discipline / (Subject Area Specific Content Material)

. Fill in . .

9. Curriculum Review and Student Learning Outcomes Assessment

. Fill in . .

All courses in the program should be listed here, along with information on how current the course outline is and the status on SLO assessment. You may also note any changes to the course offerings (renaming, removal, etc.,) in this section.

Curriculum/SLO Assessment Map

Fill in [Name of Program] Program

This form was created by HotShots (the SLO sub-committee of Academic Senate). This form is locked and is only a sample. For an open form, go to the *intranet* Program Review page.

Summarize each of the program SLOs from the previous section (see sample here)
 For **each** course in your curriculum, list the Subject code, course number, and units.
 Indicate whether the course applies to Transfer, Degree, Certificate, and/or Skill Award
 Document when the course was last offered, when it was reviewed by Curriculum, and when the Curriculum Revision date will be. (please do not change page size, orientation, font size or style)

CC 1: Use Correct Terminology CC 2: Demonstrate/ Perform Accurate Calculations CC 3: Develop Skills				CC 4 (A): Demonstrate Abilities CC 4 (B): Provide Culturally Advice CC 5: Use Current Technologies CC 6: Provide Appropriate Care				
Course Applicability Key: T=Transfer, D= Degree, C= Certificate, S= Skill Award SLO Key: I= Introduced, D=Developed, M=Mastered								
	CC1	CC2	CC3	CC4 (A)	CC4 (B)	CC5	CC6	Date of Assessment= FA10, SP12 or CA=(Ongoing, Continuing Assessment)
SUBJ 101 –Title of Class (3 Units), Applicability-D Last Offered-8/11, Last Curriculum Date: S11, Curriculum Revision Date: 7/13								
SLO 1	I	I	I	I	I	I	I	Scheduled for Spring 2014
SLO 2	I	I	I	I	I	I	I	
SLO 3	I	I	I	I	I	I	I	
SLO 4	I	I	I	I	I	I	I	
SLO 5	I	I	I	I	I	I	I	
SUBJ 151L –Title of Class (4 Units), Applicability-D Last Offered-8/11, Last Curriculum Date: S08, Curriculum Revision Date: 7/13								
SLO 1	D	D	D	D,M	D,M	D,M	M	Scheduled for Fall 2014
SLO 2	D	D	D	D,M	D,M	D,M	M	
SLO 3	D	D	D	D,M	D,M	D,M	M	
SLO 4	D	D	D	D,M	D,M	D,M	M	
SLO 5	D	D	I	I	D,M	D,M	M	

10. Review of previous recommendations

[A review of recommendations as first made in the last six-year review and as updated annually.]

11. Evaluation Criteria – Mission

[In what way does this program support the mission, objectives, and vision of the college?]

- Does the program meet the District's mission and established core competencies?
- Does the program reflect the District's diversity?
- Does the program advance the institutional core competencies and learning outcomes?
- Are students succeeding in the courses/program? (lines 21-22 and/or 30-33)
- What is the demographic profile of your program? (see gender, age, ethnicity, and educational goal data, pg. 5)
- How does this compare with college-wide data? (provided by Office of Institutional Research)

Current status

Commendations

a.

Recommendations – present and discuss recommendations here and then enter the recommendations on an integrated, prioritized table (section 17 and/or 18)

a.

12. Evaluation Criteria – Need

- How has the need for the program been established (i.e., labor market data, course enrollment trends, articulation requirements or agreements, advisory committee recommendations, regional agreements, etc.)?
- CTE only: Are there similar programs at other community colleges in the Los Angeles/Orange County Regional Consortium? Please discuss similarities and differences.
- What evidence supports the on-going need for this program? (line 11 - 15 and 36)

What evidence supports the on-going need for this program?

Current status

Commendationsa. **Recommendations** – present and discuss recommendations here and then enter the recommendations on an integrated, prioritized table (section 17 and/or 18)a. **13. Evaluation Criteria – Quality**

- Are lecture/lab units appropriate?
- Are the disciplines appropriate?
- Are course pre-requisites and co-requisites validated?
- Have the course outlines of record been reviewed and updated on a regular basis? Do all course outlines of record include Student Learning Outcomes? (See matrix)
- Does the program have a program-level Student Learning Outcomes and Assessment Cycle in place? (See matrix)
- Does the program support State and District emphasis on critical thinking, problem-solving, and written expression?
- Are faculty minimum qualifications adequate? Is faculty development adequate?
- How do new courses/changes to courses affect articulation agreements?
- CTE: Discuss program quality, referencing core indicators, student outcomes, partnerships.-(line 37)
- What faculty development would support course and program SLOs?
- Are students succeeding in the program? (lines 21-22)

*Prompt: Are the courses within the program accomplishing the purpose of the program?***Current status****Commendations**a. **Recommendations** – present and discuss recommendations here and then enter the recommendations on an integrated, prioritized table (section 17 and/or 18)a. **14. Evaluation Criteria – Feasibility**

- Does the program have adequate communication with & support from Counseling?
- Are facilities, equipment, and library resources adequate? If you are a CTE program, how were VTEA funds used? (line 34)
- Is it possible for a full-time prepared student to complete the program in two years? (lines 3,20)
- Can students complete courses necessary for transfer in the major? Can this be done in two years? (lines 4-10)

- Is there enough qualified faculty to support the program? Are more full-time or adjunct faculty needed? (line 16, 18, 19)
- Discuss sufficiency of program resources. (line 23 - 29)
- Are courses available in a variety of times and formats? (Days, evenings, distance education, learning communities, fast track)?

Prompt: Do faculty, staff, facilities, equipment and library resources adequately support the program?

Current status

Commendations

a.

Recommendations – present and discuss recommendations here and then enter the recommendations on an integrated, prioritized table (section 17 and/or 18)

a.

15. Evaluation Criteria – Compliance

- Do course requisites meet Federal, State, and District requirements?
- Do the course outlines of record meet state, district and federal regulations for content?
- Do career/technical education programs have regular advisory meetings? Are advisory meeting minutes attached to the program review? (line 35, 36)
- Do facilities meet ADA, industry standard and/or OSHA requirements?
- Have Career and Technical programs completed their annual reviews?

Prompt: Is the work of the program being carried out in compliance with district, state, and federal requirements?

Current status

Commendations

a.

Recommendations – present and discuss recommendations here and then enter the recommendations on an integrated, prioritized table (section 17 and/or 18)

a.

16. Recommendations

[State recommended actions for the next six years. These recommendations will be reviewed and updated as part of the annual program review process. Rank recommendations in order of priority set by members of this program review team].

Rank	Description of recommendation (actions or behaviors to be completed)	Responsible person(s)	Target Date	Personnel	Facilities	Equip. / Software	Supplies
1	. Fill in . .	. Fill in . .	. Fill in . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	. Fill in . .	. Fill in . .	. Fill in . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	. Fill in . .	. Fill in . .	. Fill in . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	. Fill in . .	. Fill in . .	. Fill in . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	. Fill in . .	. Fill in . .	. Fill in . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	. Fill in . .	. Fill in . .	. Fill in . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	. Fill in . .	. Fill in . .	. Fill in . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

. Fill in . .

17. Budget Recommendations

[Recommendations identify needed resources and areas of impact (Personnel, facilities, equipment, software, supplies) that are to be entered on the following table. These recommendations are carried forward to the division level and then to the channels of planning and budgeting.]

Fill in . .

Resources are needed in the following areas:

Certificated Personnel (FNIC)

Position	Discuss impact on goals / SLOs	Impact ◇	Priority ‡
Fill in . .	Fill in . .	Fill in . .	Fill in . .
Fill in . .	Fill in . .	Fill in . .	Fill in . .

Classified Personnel

Position	Discuss impact on goals / SLOs	Impact ◇	Priority ‡
Fill in . .	Fill in . .	Fill in . .	Fill in . .
Fill in . .	Fill in . .	Fill in . .	Fill in . .

Facilities

Facilities / repairs or modifications needed	Discuss impact on goals / SLOs	Bldg / Room	Impact ◇	Priority ‡
Fill in . .	Fill in . .	Fill in . .	Fill in . .	Fill in . .
Fill in . .	Fill in . .	Fill in . .	Fill in . .	Fill in . .
Fill in . .	Fill in . .	Fill in . .	Fill in . .	Fill in . .

Computers / Software (Tecs)

Item	Discuss impact on goals / SLOs	Cost	Impact ◇	Priority ‡
Fill in . .	Fill in . .	Fill in . .	Fill in . .	Fill in . .
Fill in . .	Fill in . .	Fill in . .	Fill in . .	Fill in . .

Equipment

Item	Discuss impact on goals / SLOs	Cost	Impact ◇	Priority ‡
Fill in . .	Fill in . .	Fill in . .	Fill in . .	Fill in . .
Fill in . .	Fill in . .	Fill in . .	Fill in . .	Fill in . .

Supplies (Division)

Item	Discuss impact on goals / SLOs	Cost	Impact ◇	Priority ‡
Fill in . .	Fill in . .	Fill in . .	Fill in . .	Fill in . .
Fill in . .	Fill in . .	Fill in . .	Fill in . .	Fill in . .

Additional information:

Fill in . .

◇ **Impact:**

M = Mission: Does program meet the District's mission and established core competencies? Does program reflect the District's diversity?

N = Need: How is program addressing needs based on labor market data, enrollment, articulation, advisory committee, regional agreements, etc.?

Q = Quality: Are lecture/lab unit values appropriate? Have the course outlines been reviewed / updated regularly? Are disciplines appropriate? Is faculty development adequate? Does program support State and District emphasis on critical thinking, problem solving and written expression? Does program meet stated objectives in the form of SLOs? Are course pre-requisites and co-requisites validated?

F = Feasibility: Are facilities, equipment, and library resources adequate? Are evening programs and services adequate? Are course offerings frequent enough for students to make adequate progress in both day and evening programs? Does the program have adequate communication with & support from Counseling?

C = Compliance: Do course requisites meet Federal, State & District requirements? Do the course outlines meet state, district & federal regulations for content? Do vocational programs have regular advisory meetings?

‡ **Priority: (Note: When discussing priority, consider the following and address in Column 2)**

A. Is this goal mandated by law, rule, or district policy?

B. Is this goal essential to program success?

C. Is this goal necessary to maintain / improve program student learning outcomes?

Attachment A: Key Performance Indicator data pages

Fill in . . .

(additional attachments are optional)

Attachment B: Fill in . . .

Fill in . . .

Attachment C: Fill in . . .

Fill in . . .

Attachment D: Fill in . . .

Fill in . . .

Attachment E: Fill in . . .

Fill in . . .

Attachment F: Fill in . . .

Fill in . . .

List of reference documents consulted in this review:

Curriculum Course Outlines of Record

Catalog Pages & Sample Syllabi

Library Resources Report

Articulation Status