

## Annual Program Plan/Review Feedback Form - IPC

Division H&SS

Date

Program History

Comments/Questions:

report for most of the history department courses.

IPC Member(s)

R	eviewers Supinda S, Anniqua Rar	na, Janet Stringer		Reviewed	4/18/14
	The purpose of this form	is to provide fee	dback to the Depa	rtment/Program	;
I.	Curriculum Offerings	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
Gı	uidelines: This section should include the	e following:			
1.	Status of curriculum updates for all courses.	Click here to enter text.	All courses are up to date	Click here to enter text.	Click here to enter text.
2.	Status of SLOAC for all courses.	missing	Click here to enter text.	Click here to enter text.	Click here to enter text.
3.	A description of the complete curriculum offering cycle.	Click here to enter text.	Described	Click here to enter text.	Click here to enter text.
4.	A plan for necessary curriculum development.	Click here to enter text.	Click here to enter text.	included	Click here to enter text.

II. Program Level Data	Incomplete Complete Complete information information, some analysis analysis analysis analysis plan
	some analysis   analysis   analysis, plan

Good plan. At least one reviewer was concerned about the number of electives that won't articulate as lower

electives in the department and how many electives should be offered. If you want to have proctored exams for your DE classes, you can do this without calling the courses hybrid. SLOAC data was missing from the TracDat

division courses when a student transfers. Seems like a discussion needs to take place about the role of

Guidelines: The data is prepared by the Office of Research and Planning and is to be attached to this document. This section should include the following:



Annual Program Plan/Review Feedback Form - IPC

Click here to enter text.	included	Click here to enter text.	Click here to enter text.
Click here to enter text.	included	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	included	Click here to enter text.
Click here to enter text.	some comments	Click here to enter text.	Click here to enter text.
	Click here to enter text.  Click here to enter text.  Click here to enter text.	Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.	Click here to enter text.  Click here to Click here to enter text.

Comments/Questions:

PLO assessment sounds like it is in progress. There is nothing in TracDat for the Social Science Program for review.

III. Action Plan	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
Guidelines: This section should include the	e following:			
Reflections on Department/ Program needs and goals.	Click here to enter text.	somewhat	Click here to enter text.	Click here to enter text.
2. An action plan for what is to be accomplished for the next year.	Click here to enter text.	Action plan	Click here to enter text.	Click here to enter text.

Comments/Questions:

Nice thoughts about moving forward on SLO outcomes and evaluation.

	Incomplete Complete Complete Complete
IVa. Faculty and Staff hiring needs	
	information information, information, information,
	some analysis   analysis   analysis, plan



## Annual Program Plan/Review Feedback Form - IPC

Guidelines: The request should explain clearly and with supporting data how it will serve Department/Program/Division/College needs. Information from the most recent comprehensive program should be included.

Justification is co accurate data.	nsistent with	Click here to enter text.	none requested	Click here to enter text.	Click here to enter text.
2. Justification fits Department/Divis	sion/College needs.	Click here to enter text.	none requested	Click here to enter text.	Click here to enter text.
Commonta/Questions					

Comments/Questions:

No hiring is requested at this time.

Only request is for a power cord for a MAC for one room.

IVb. Professional Development needs	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
Guidelines: The request should explain co	learly how it will s	erve Department/F	Program/Division/	College needs
Justification is consistent with Department/Program needs.	Click here to enter text.	yes	Click here to enter text.	Click here to enter text.
Comments/Questions: List previous activities and a list of planne	d activities for ne	d vear.	<u> </u>	

IVc. Classroom and Instructional Equipment needs	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
Guidelines: The request should explain cl	-	_	artment/Program	/Division/College
needs including Item description, Number	of Items, Total Co	ost		
Complete source/cost information     (item description, suggested vendor, number of items, total cost).	Click here to enter text.	one item listed	Click here to enter text.	Click here to enter text.
2. Justification is consistent with Department/Division/College needs (uses previous program plan information)	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Comments/Questions:			· · · · · · · · · · · · · · · · · · ·	



Annual Program Plan/Review Feedback Form - IPC

IVd. Office of Planning, Research & Incomplete Complete Complete Complete

IVd. Office of Planning, Research & Student Success data needs	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
Guidelines: The request should explain conneeds.	learly how the requ	uest will serve Dep	artment/Program	/Division/College
Justification is consistent with	Click here to	none	Click here to	Click here to
Department/Division/College needs.	enter text.	requested	enter text.	enter text
Comments/Questions: There is NOTHING that you would like to	(now2222			
There is NOTHING that you would like to	KIIOWFFFF			
IVe. Facility needs	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
Guidelines: The request should explain conneeds.	learly how the requ	uest will serve Dep	artment/Program	/Division/College
Justification is consistent with	Click here to	none	Click here to	Click here to
Department/Division/College needs.	enter text.	requested	enter text.	enter text.
Comments/Questions:				
Click here to enter text.			***	
Other/General Comments: Click here to enter text.				
IPC Co-Chair Signature	2 Rhode	8	Date <u>4-25</u>	5-14
VPI Co-Chair Signature	h		Date <u>25-</u>	4-2014