

## Annual Program Plan/Review Assessment Student Services Planning Committee

Program Name: EOPS/CARE/CalWORKs	
SSPC Member(s) Reviewers: Adolfo Leiva	Date Reviewed: 5/9/16

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

Student Services Program Review	Performance Level			
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b><u>Executive Summary</u></b>				
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"/> 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	Very good summary. Thought might be strengthened by including % increases in students served and % increase in costs.	<input type="checkbox"/>
<b><u>Program Context</u></b>				
<b>1. Mission</b>	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	Clear and concise	<input type="checkbox"/>
<b>2. Program Description</b>	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	Clear and concise	<input type="checkbox"/>
<b>3. Community and Labor Needs:</b> Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect 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	Click here to enter text.	<input type="checkbox"/>
<b><u>Looking Back</u></b>				

4. Describe <b>major accomplishments</b>	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	Very impressive accomplishments for both programs. For EOPS/CARE, you may want to review the paragraph starting with, "At the end of the fall 2014 ... " for missing words. For CalWORKs, it might be helpful to provide either percentages or numbers impacted in the first two bullet points	<input type="checkbox"/>
5. <b>Impact of Resources Allocations:</b> 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"/> 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	Click here to enter text.	<input type="checkbox"/>
<b>Student Services Program Review</b>		<b>Performance Level</b>		
	<b>Commendations</b>	<b>Recommendations</b>	<b>Comments</b>	<b>ACCJC Exemplary Check</b>
<b>Current State of the Program</b>				
6A. <b>State of the Program—Observation:</b> 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	Fantastic accomplishments for both programs.	<input type="checkbox"/>
6B. <b>State of Program—Evaluation:</b> What changes could be implemented to improve your program?	Provides: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students	Click here to enter text.	<input type="checkbox"/>

	<input type="checkbox"/> Efforts to make changes	<input type="checkbox"/> Efforts to make changes		
<b>7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:</b> State your current year SAOs and SLOs.	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	I see that the SAO and SLO questions are listed here the way there are presented. Would it be helpful to simply state the SLOs and SAOs as well?	<input type="checkbox"/>
<b>7B. SAO Assessment Plan:</b> 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	Click here to enter text.	<input type="checkbox"/>
<b>7C. SAO Assessment Results and Impact:</b> Summarize the findings of your program's SAO Assessments.	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	Click here to enter text.	<input type="checkbox"/>
<b>7D. SLO Assessment Plan:</b> Describe your program's SLO 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	Click here to enter text.	<input type="checkbox"/>
<b>7E. SLO Assessment Results and Impact:</b> 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: <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	Click here to enter text.	<input type="checkbox"/>

Student Services Program Review	Performance Level			
	Commendations	Recommendations	Comments	ACCJC Exemplary Check

<b>Looking Ahead</b>				
<b>7F. SAOs and SLOs for the Next Review Cycle:</b> Describe how you will address identified opportunities for improvement.	<b>Provides:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Click here to enter text.	<input type="checkbox"/>
<b>Resource Requests</b>	<b>Developing</b>	<b>Acceptable</b>	<b>Exemplary</b>	<b>Comments</b>
8. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> 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 PRI E and/or Professional Development in the "Units Impacted" section.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> Information is complete	Click here to enter text.

**Overall Commendations:**

**Fantastic outcomes and listings of students served. Clearly express impact.**

**Overall Recommendations:**

Program review might be strengthened by listing existing and potential collaborations with additional programs/groups on campus.

**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.](#)

## Annual Program Plan/Review Assessment Student Services Planning Committee

Program Name: EOPS, CARE, CalWorks & FFYSI, Dreamers	
SSPC Member(s) Reviewers: Supinda Sirihekaphong	Date Reviewed: 03-31-2016

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

Student Services Program Review	Performance Level			
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b><u>Executive Summary</u></b>				
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"/> 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	Initial# students served? CARE/CalWorks, what is minimal staff? 1-2 faculty/staff?	<input type="checkbox"/>
<b><u>Program Context</u></b>				
<b>1. Mission</b>	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	Click here to enter text.	<input type="checkbox"/>
<b>2. Program Description</b>	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	Click here to enter text.	<input type="checkbox"/>
<b>3. Community and Labor Needs:</b> Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect 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	I know this is not required but perhaps provide some information about funding changes is appropriate here.	<input type="checkbox"/>
<b><u>Looking Back</u></b>				

4. Describe <b>major accomplishments</b>	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	Excellent!	<input type="checkbox"/>
5. <b>Impact of Resources Allocations:</b> 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"/> 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	Click here to enter text.	<input type="checkbox"/>
<b>Student Services Program Review</b>		<b>Performance Level</b>		
	<b>Commendations</b>	<b>Recommendations</b>	<b>Comments</b>	<b>ACCJC Exemplary Check</b>
<b><u>Current State of the Program</u></b>				
6A. <b>State of the Program—Observation:</b> 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	Click here to enter text.	<input type="checkbox"/>
6B. <b>State of Program—Evaluation:</b> 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	Click here to enter text.	<input type="checkbox"/>
7A. <b>Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:</b> State your current year SAOs and SLOs.	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	Click here to enter text.	<input type="checkbox"/>
7B. <b>SAO Assessment Plan:</b> 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	Click here to enter text.	<input type="checkbox"/>
7C. <b>SAO Assessment Results and Impact:</b> Summarize the findings of your program's SAO Assessments.	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	Click here to enter text.	<input type="checkbox"/>

<b>7D. SLO Assessment Plan:</b> Describe your program's SLO 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	Click here to enter text.	<input type="checkbox"/>
<b>7E. SLO Assessment Results and Impact:</b> 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: <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 checked="" type="checkbox"/> Efforts to make changes	Great data, both qualitative and quantitative. Data also supported by previous data of # of degree/cert completions.	<input type="checkbox"/>

Student Services Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b>Looking Ahead</b>				
<b>7F. SAOs and SLOs for the Next Review Cycle:</b> Describe how you will address identified opportunities for improvement.	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	Click here to enter text.	<input type="checkbox"/>
<b>Resource Requests</b>	<b>Developing</b>	<b>Acceptable</b>	<b>Exemplary</b>	<b>Comments</b>
8. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> 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 PRI E and/or Professional Development in the "Units Impacted" section.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> 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.

## Annual Program Plan/Review Assessment Student Services Planning Committee

Program Name: EOPS, CARE, CalWORKs & FFYSI	
SSPC Member(s) Reviewers: Ruth Miller	Date Reviewed: May 9, 2016

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

Student Services Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b><u>Executive Summary</u></b>				
Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees.	<b>Provides:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Clear and concise.	<input type="checkbox"/>
<b><u>Program Context</u></b>				
<b>1. Mission</b>	<b>Provides:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Clear and concise.	<input type="checkbox"/>
<b>2. Program Description</b>	<b>Provides:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Clear and concise. Under CARE you need to add the website.	<input type="checkbox"/>
<b>3. Community and Labor Needs:</b> Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program.	<b>Provides:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	N/A	<input type="checkbox"/>
<b><u>Looking Back</u></b>				
<b>4. Describe major accomplishments</b>	<b>Provides:</b> <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	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Good job! Congratulations on your achievements. Under Major Accomplishmen	<input type="checkbox"/>

			ts. Paragraph that starts with "At the End" line 6 is missing a word after "and work with".	
5. <b>Impact of Resources Allocations:</b> 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"/> 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	Clear and concise.	<input type="checkbox"/>
<b>Student Services Program Review</b>		<b>Performance Level</b>		
	<b>Commendations</b>	<b>Recommendations</b>	<b>Comments</b>	<b>ACCJC Exemplary Check</b>
<b>Current State of the Program</b>				
6A. <b>State of the Program—Observation:</b> 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	Clear, concise and very informative data.	<input type="checkbox"/>
6B. <b>State of Program—Evaluation:</b> 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	Clear and concise.	<input type="checkbox"/>
7A. <b>Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:</b> State your current year SAOs and SLOs.	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	Clear and concise.	<input type="checkbox"/>
7B. <b>SAO Assessment Plan:</b> 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	Clear and concise.	<input type="checkbox"/>

<b>7C. SAO Assessment Results and Impact:</b> Summarize the findings of your program's SAO Assessments.	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	Good data. Clear and concise. Under Summary of the survey results you need a "u" in Summary. Also, in the same place you need a space between that and their in the first line.	<input type="checkbox"/>
<b>7D. SLO Assessment Plan:</b> Describe your program's SLO Assessment Plan	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	Clear	<input type="checkbox"/>
<b>7E. SLO Assessment Results and Impact:</b> 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: <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	Clear and concise.	<input type="checkbox"/>

Student Services Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b>Looking Ahead</b>				
<b>7F. SAOs and SLOs for the Next Review Cycle:</b> Describe how you will address identified opportunities for improvement.	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	Exit survey is a great idea for gathering information.	<input type="checkbox"/>
<b>Resource Requests</b>	<b>Developing</b>	<b>Acceptable</b>	<b>Exemplary</b>	<b>Comments</b>
8. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> Information is complete	Could not see the needs portion of the program review.

<p>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 PRI E and/or Professional Development in the "Units Impacted" section.</p>	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> Information is complete	Could not see this document.
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**Overall Commendations:**

**Very well organized!**

**Overall Recommendations:**

Great job!

**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.](#)

## Annual Program Plan/Review Assessment Student Services Planning Committee

Program Name: EOPS, CARE, CalWORKs & FFYSI	
SSPC Member(s) Reviewers: Misha	Date Reviewed: 05/09/16

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

Student Services Program Review	Performance Level			
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b>Executive Summary</b>				
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"/> 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	Mostly speaking upon budget and staffing issues.	<input type="checkbox"/>
<b>Program Context</b>				
<b>1. Mission</b>	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	Very short concise and easy to read mission statements.	<input type="checkbox"/>
<b>2. Program Description</b>	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	Same statements as above.	<input type="checkbox"/>
<b>3. Community and Labor Needs:</b> Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect 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	NA	<input type="checkbox"/>
<b>Looking Back</b>				
<b>4. Describe major accomplishments</b>	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	Great work fundraising at events! 39 out of 319 students transferring— are the other	<input type="checkbox"/>

			students continuing? Working? 44 invited to PTK, that is great! And you provide regalia! Would your department want to donate gowns back to reduce costs and start a program that has students borrow gowns?	
5. <b>Impact of Resources Allocations:</b> 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"/> 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	I didn't know about the required 3 times per semester, that is great to know! Also good to hear that time is being extended to help meet the needs and growth.	<input type="checkbox"/>
<b>Student Services Program Review</b>		Performance Level		
	<b>Commendations</b>	<b>Recommendations</b>	<b>Comments</b>	<b>ACCJC Exemplary Check</b>
<b><u>Current State of the Program</u></b>				
6A. <b>State of the Program—Observation:</b> 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	Incredible increase from 319 to 475! What is the increase due to?	<input type="checkbox"/>



<b>6B. State of Program—Evaluation:</b> What changes could be implemented to improve your program?	<b>Provides :</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Wonderful work in decreasing no shows with text and email reminders! How do you text students? (Personal phone? Google voice?)	<input type="checkbox"/>
<b>7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:</b> State your current year SAOs and SLOs.	<b>Provides :</b> <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Great tool !	<input type="checkbox"/>
<b>7B. SAO Assessment Plan:</b> Describe your program’s SAO Assessment Plan.	<b>Provides :</b> <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	New orientation and new survey implemented. This is new so data will probably be collected in the next year?	<input type="checkbox"/>
<b>7C. SAO Assessment Results and Impact:</b> Summarize the findings of your program’s SAO Assessments.	<b>Provides :</b> <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	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Really high results! 96% fully understood out of 107 students. Wonderful! FYI Summary misspelled and “thattheir”. This is very supportive to have a monthly parent support group! This could definitely tied into the Club and get funding for food or support! How can we help advocate for	<input type="checkbox"/>

			childcare?	
<b>7D. SLO Assessment Plan:</b> Describe your program's SLO Assessment Plan	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	Pre and post test.	<input type="checkbox"/>
<b>7E. SLO Assessment Results and Impact:</b> 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: <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	Some of chart cut off. What could help increase knowledge of students to have a higher than 26% substantial knowledge after counseling?	<input type="checkbox"/>

Student Services Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b>Looking Ahead</b>				
<b>7F. SAOs and SLOs for the Next Review Cycle:</b> Describe how you will address identified opportunities for improvement.	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	Great idea on the exit survey! We do an exit presentation and make a fun day of it, it's a great experience for the students.	<input type="checkbox"/>
<b>Resource Requests</b>	<b>Developing</b>	<b>Acceptable</b>	<b>Exemplary</b>	<b>Comments</b>
8. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> Information is complete	NA

<p>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 PRI E and/or Professional Development in the "Units Impacted" section.</p>	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> Information is complete	<a href="#">Click here to enter text.</a>
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**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.

## Annual Program Plan/Review Assessment Student Services Planning Committee

Program Name: EOPS/CALWORKS/FFYSI	
SSPC Member(s) Reviewers: Max Hartman	Date Reviewed: 5-10-16

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

Student Services Program Review	Performance Level			
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b><u>Executive Summary</u></b>				
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"/> 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	Click here to enter text.	<input type="checkbox"/>
<b><u>Program Context</u></b>				
<b>1. Mission</b>	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	Click here to enter text.	<input type="checkbox"/>
<b>2. Program Description</b>	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	Click here to enter text.	<input type="checkbox"/>
<b>3. Community and Labor Needs:</b> Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect 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	Click here to enter text.	<input type="checkbox"/>
<b><u>Looking Back</u></b>				
<b>4. Describe major accomplishments</b>	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	I really like the bullet points, great accomplishments!	<input checked="" type="checkbox"/>

<p><b>5. Impact of Resources Allocations:</b> 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"> <li><input checked="" type="checkbox"/> Evidence</li> <li><input checked="" type="checkbox"/> Analysis</li> <li><input checked="" type="checkbox"/> Impact on students</li> <li><input checked="" type="checkbox"/> Efforts to make changes</li> </ul>	<p>Information needed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence</li> <li><input type="checkbox"/> Analysis</li> <li><input type="checkbox"/> Impact on students</li> <li><input type="checkbox"/> Efforts to make changes</li> </ul>	<p>Click here to enter text.</p>	<p><input type="checkbox"/></p>
<b>Student Services Program Review</b>		<b>Performance Level</b>		
	<b>Commendations</b>	<b>Recommendations</b>	<b>Comments</b>	<b>ACCJC Exemplary Check</b>
<b><u>Current State of the Program</u></b>				
<p><b>6A. State of the Program—Observation:</b> Describe the current state of the program (include strengths and challenges)</p>	<p>Provides:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Evidence</li> <li><input checked="" type="checkbox"/> Analysis</li> <li><input checked="" type="checkbox"/> Impact on students</li> <li><input checked="" type="checkbox"/> Efforts to make changes</li> </ul>	<p>Information needed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence</li> <li><input type="checkbox"/> Analysis</li> <li><input type="checkbox"/> Impact on students</li> <li><input type="checkbox"/> Efforts to make changes</li> </ul>	<p>Click here to enter text.</p>	<p><input type="checkbox"/></p>
<p><b>6B. State of Program—Evaluation:</b> What changes could be implemented to improve your program?</p>	<p>Provides:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Evidence</li> <li><input checked="" type="checkbox"/> Analysis</li> <li><input checked="" type="checkbox"/> Impact on students</li> <li><input checked="" type="checkbox"/> Efforts to make changes</li> </ul>	<p>Information needed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence</li> <li><input type="checkbox"/> Analysis</li> <li><input type="checkbox"/> Impact on students</li> <li><input type="checkbox"/> Efforts to make changes</li> </ul>	<p>Click here to enter text.</p>	<p><input type="checkbox"/></p>
<p><b>7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:</b> State your current year SAOs and SLOs.</p>	<p>Provides:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Evidence</li> <li><input type="checkbox"/> Analysis</li> <li><input type="checkbox"/> Impact on students</li> <li><input type="checkbox"/> Efforts to make changes</li> </ul>	<p>Information needed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence</li> <li><input type="checkbox"/> Analysis</li> <li><input type="checkbox"/> Impact on students</li> <li><input type="checkbox"/> Efforts to make changes</li> </ul>	<p>I really like this survey! It would be helpful for me to know what the SAOs that are being assessed when I look at the instrument ahead of time, although I can clearly determine what they are from the questions you provided- "EOPS students will know which services count towards the counseling contacts" etc.</p>	<p><input type="checkbox"/></p>

<b>7B. SAO Assessment Plan:</b> 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 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	When do you offer the EOPS CalWORKS surveys? Do you do a pre and a post?	<input type="checkbox"/>
<b>7C. SAO Assessment Results and Impact:</b> Summarize the findings of your program's SAO Assessments.	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	Nice summaries!	<input type="checkbox"/>
<b>7D. SLO Assessment Plan:</b> Describe your program's SLO Assessment Plan	Provides: <input checked="" 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	Nice plan.	<input type="checkbox"/>
<b>7E. SLO Assessment Results and Impact:</b> 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: <input checked="" 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	Click here to enter text.	<input type="checkbox"/>

Student Services Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b>Looking Ahead</b>				
<b>7F. SAOs and SLOs for the Next Review Cycle:</b> Describe how you will address identified opportunities for improvement.	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	Have you decided on the questions for your new surveys?	<input type="checkbox"/>
<b>Resource Requests</b>	<b>Developing</b>	<b>Acceptable</b>	<b>Exemplary</b>	<b>Comments</b>
8. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input checked="" type="checkbox"/> Information is complete	Click here to enter text.

<p>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 PRI E and/or Professional Development in the "Units Impacted" section.</p>	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input checked="" type="checkbox"/> Information is complete	<a href="#">Click here to enter text.</a>
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**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.

## Annual Program Plan/Review Assessment Student Services Planning Committee

Program Name: EOPS/CARE/CalWORKS	
SSPC Member(s) Reviewers: Maria Huning	Date Reviewed: 5/5/16

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

Student Services Program Review	Performance Level			
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b><u>Executive Summary</u></b>				
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"/> 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 type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Why is FFSYI not included in this section?	<input type="checkbox"/>
<b><u>Program Context</u></b>				
<b>1. Mission</b>	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	Clear and concise	<input type="checkbox"/>
<b>2. Program Description</b>	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	Clear and concise	<input type="checkbox"/>
<b>3. Community and Labor Needs:</b> Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect 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	Click here to enter text.	<input type="checkbox"/>
<b><u>Looking Back</u></b>				
<b>4. Describe major accomplishments</b>	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 checked="" type="checkbox"/> Efforts to make changes	Why is FFSYI not included in this? It would be nice to see the breakdown of numbers for	<input type="checkbox"/>

			transfer students in a graph or chart. 39 grads into 9 universities, what is the break down per school?	
5. <b>Impact of Resources Allocations:</b> 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"/> 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	Were the funds provided by Student Equity fund use on student bus passes or transportation to events?	<input type="checkbox"/>
<b>Student Services Program Review</b>		Performance Level		
	<b>Commendations</b>	<b>Recommendations</b>	<b>Comments</b>	<b>ACCJC Exemplary Check</b>
<b>Current State of the Program</b>				
6A. <b>State of the Program—Observation:</b> 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	Well written and clear analysis.	<input type="checkbox"/>
6B. <b>State of Program—Evaluation:</b> What changes could be implemented to improve your program?	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 checked="" type="checkbox"/> Efforts to make changes	Its good to see that counseling services increased for students. What other innovations could be implemented to support students?	<input type="checkbox"/>
7A. <b>Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:</b> State your current year SAOs and SLOs.	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	Clearly written form	<input type="checkbox"/>

<b>7B. SAO Assessment Plan:</b> Describe your program's SAO Assessment Plan.	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	Is this all of your continuing students at Orientation? 107 seems very few compared to your annual numbers.	<input type="checkbox"/>
<b>7C. SAO Assessment Results and Impact:</b> Summarize the findings of your program's SAO Assessments.	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	Very clear and concise. Well explained and good use of charts.	<input type="checkbox"/>
<b>7D. SLO Assessment Plan:</b> Describe your program's SLO Assessment Plan	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	Please provide questionnaire like SAO example. Who takes this test in which programs?	<input type="checkbox"/>
<b>7E. SLO Assessment Results and Impact:</b> 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: <input checked="" 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 checked="" type="checkbox"/> Efforts to make changes	Is this also the SLO for CARE/CalWORKS and FFYSI? Again, what percentage of your students complete the survey in total?	<input type="checkbox"/>

Student Services Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b>Looking Ahead</b>				
<b>7F. SAOs and SLOs for the Next Review Cycle:</b> Describe how you will address identified opportunities for improvement.	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	What about the other programs? CARE/CalWORKS or FFYSI?	<input type="checkbox"/>
<b>Resource Requests</b>	<b>Developing</b>	<b>Acceptable</b>	<b>Exemplary</b>	<b>Comments</b>

<p>8. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.</p>	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input checked="" type="checkbox"/> Information is complete	<a href="#">Click here to enter text.</a>
<p>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.</p>	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input checked="" type="checkbox"/> Information is complete	<a href="#">Click here to enter text.</a>

**Overall Commendations:**

This report was well written and provided great examples of the excellent work being done in the EOPS/CARES/CalWorks offices. It had a good use of data and charts that explained how students are impacted. Well done.

**Overall Recommendations:**

It seemed like there was a lack of information on FFYI and how those students are being impacted. Additionally, it seemed like the SAOs were primarily focused on EOPS. Do there need to be additional SAO questions for CARE/CalWorks and FFYI?

**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.

## Annual Program Plan/Review Assessment Student Services Planning Committee

Program Name: <a href="#">Click here to enter text.</a>	
SSPC Member(s) Reviewers: <a href="#">Click here to enter text.</a>	Date Reviewed: <a href="#">Click here to enter text.</a>

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

Student Services Program Review	Performance Level			
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b><u>Executive Summary</u></b>				
Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees.	<b>Provides:</b> <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Good summary. As was recommended with other groups, add more on number of students served as this blurb is what goes to the board.	<input type="checkbox"/>
<b><u>Program Context</u></b>				
<b>1. Mission</b>	<b>Provides:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Click here to enter text.	<input type="checkbox"/>
<b>2. Program Description</b>	<b>Provides:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Click here to enter text.	<input type="checkbox"/>
<b>3. Community and Labor Needs:</b> Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program.	<b>Provides:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students	Click here to enter text.	<input type="checkbox"/>

	<input type="checkbox"/> Efforts to make changes	<input type="checkbox"/> Efforts to make changes		
<b>Looking Back</b>				
4. Describe major accomplishments	Provides: <input checked="" 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	Very impressive accomplishments. Kuddos to the team!	<input type="checkbox"/>
5. <b>Impact of Resources Allocations:</b> 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"/> 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	Glad to see the support of other funding sources to help reach the goals of the program.	<input type="checkbox"/>
<b>Student Services Program Review</b>		<b>Performance Level</b>		
	<b>Commendations</b>	<b>Recommendations</b>	<b>Comments</b>	<b>ACCJC Exemplary Check</b>
<b>Current State of the Program</b>				
6A. <b>State of the Program—Observation:</b> Describe the current state of the program (include strengths and challenges)	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	Click here to enter text.	<input type="checkbox"/>
6B. <b>State of Program—Evaluation:</b> What changes could be implemented to improve your program?	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	Click here to enter text.	<input type="checkbox"/>
7A. <b>Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:</b> State your current year SAOs and SLOs.	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	Click here to enter text.	<input type="checkbox"/>
7B. <b>SAO Assessment Plan:</b> 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	Click here to enter text.	<input type="checkbox"/>



<b>7C. SAO Assessment Results and Impact:</b> Summarize the findings of your program's SAO Assessments.	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	Good data collection.	<input type="checkbox"/>
<b>7D. SLO Assessment Plan:</b> Describe your program's SLO 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	Click here to enter text.	<input type="checkbox"/>
<b>7E. SLO Assessment Results and Impact:</b> 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 : <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	Click here to enter text.	<input type="checkbox"/>

Student Services Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b>Looking Ahead</b>				
<b>7F. SAOs and SLOs for the Next Review Cycle:</b> Describe how you will address identified opportunities for improvement.	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	Click here to enter text.	<input type="checkbox"/>
<b>Resource Requests</b>	<b>Developing</b>	<b>Acceptable</b>	<b>Exemplary</b>	<b>Comments</b>
8. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> 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.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> Information is complete	Click here to enter text.

**Overall Commendations:**

**These programs change lives and your program review reflects how much goes into supporting our students to ensure they have a strong chance at success. Great work!**

**Overall Recommendations:**

I would recommend highlighting persistence and or retention rates more. I remember some of the data analysis that was done for the board report in fall was so impactful to the board.

**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.

## Annual Program Plan/Review Assessment Student Services Planning Committee

Program Name: EOPS/CARE/CalWorks/FFYSI	
SSPC Member(s) Reviewers: Rosalina Mira	Date Reviewed: 05/06/2016

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

Student Services Program Review	Performance Level			
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b><u>Executive Summary</u></b>				
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"/> 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	Number of students served by programs?	<input type="checkbox"/>
<b><u>Program Context</u></b>				
<b>1. Mission</b>	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	Good, clear mission	<input type="checkbox"/>
<b>2. Program Description</b>	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	Good information.	<input type="checkbox"/>
<b>3. Community and Labor Needs:</b> Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect 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	Nothing included N/A	<input type="checkbox"/>
<b><u>Looking Back</u></b>				
<b>4. Describe major accomplishments</b>	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	Good data and information on program!	<input type="checkbox"/>

<b>5. Impact of Resources Allocations:</b> 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.	<b>Provides:</b> <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	What would happen if those resources were not available? Equity and SSSP?	<input type="checkbox"/>
<b>Student Services Program Review</b>		<b>Performance Level</b>		
	<b>Commendations</b>	<b>Recommendations</b>	<b>Comments</b>	<b>ACCJC Exemplary Check</b>
<b>Current State of the Program</b>				
<b>6A. State of the Program—Observation:</b> Describe the current state of the program (include strengths and challenges)	<b>Provides:</b> <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	RE: space, where are those services being provided now? Location? Are there any ideas regarding the high cost of books?	<input type="checkbox"/>
<b>6B. State of Program—Evaluation:</b> What changes could be implemented to improve your program?	<b>Provides:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	What changes could be made?	<input type="checkbox"/>
<b>7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:</b> State your current year SAOs and SLOs.	<b>Provides:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	good	<input type="checkbox"/>
<b>7B. SAO Assessment Plan:</b> Describe your program's SAO Assessment Plan.	<b>Provides:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	How many EOPS/CalWorks students were on Alert status? Is this the same or different that Alert U?	<input type="checkbox"/>
<b>7C. SAO Assessment Results and Impact:</b> Summarize the findings of your program's SAO Assessments.	<b>Provides:</b> <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students	Click here to enter text.	<input type="checkbox"/>

	<input type="checkbox"/> Efforts to make changes	<input type="checkbox"/> Efforts to make changes		
<b>7D. SLO Assessment Plan:</b> Describe your program's SLO Assessment Plan	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	Click here to enter text.	<input type="checkbox"/>
<b>7E. SLO Assessment Results and Impact:</b> 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: <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	Good	<input type="checkbox"/>

Student Services Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b>Looking Ahead</b>				
<b>7F. SAOs and SLOs for the Next Review Cycle:</b> Describe how you will address identified opportunities for improvement.	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	Exit survey is a good idea	<input type="checkbox"/>
<b>Resource Requests</b>	<b>Developing</b>	<b>Acceptable</b>	<b>Exemplary</b>	<b>Comments</b>
8. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> 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.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> Information is complete	Click here to enter text.

**Overall Commendations:**

**Good information and definitely shows need and impact of program on students served**

**Overall Recommendations:**

More information on the success of Dreamers and Former Foster Youth, I know these are new or continuing efforts at the college. Great job!

**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.

## Annual Program Plan/Review Assessment Student Services Planning Committee

Program Name: EOPS, CARE, CalWORKs, FFYSI	
SSPC Member(s) Reviewers: Kim Lopez	Date Reviewed: 4/29/2016

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

Student Services Program Review	Performance Level			
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b><u>Executive Summary</u></b>				
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"/> 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	Click here to enter text.	<input type="checkbox"/>
<b><u>Program Context</u></b>				
<b>1. Mission</b>	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	Click here to enter text.	<input type="checkbox"/>
<b>2. Program Description</b>	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	Click here to enter text.	<input type="checkbox"/>
<b>3. Community and Labor Needs:</b> Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect 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	NA	<input type="checkbox"/>
<b><u>Looking Back</u></b>				
<b>4. Describe major accomplishments</b>	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	Click here to enter text.	<input type="checkbox"/>

<b>5. Impact of Resources Allocations:</b> 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.	<b>Provides:</b> <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	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Click here to enter text.	<input type="checkbox"/>
<b>Student Services Program Review</b>		<b>Performance Level</b>		
	<b>Commendations</b>	<b>Recommendations</b>	<b>Comments</b>	<b>ACCJC Exemplary Check</b>
<b><u>Current State of the Program</u></b>				
<b>6A. State of the Program—Observation:</b> Describe the current state of the program (include strengths and challenges)	<b>Provides:</b> <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	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Very well documented and thoughtful analysis.	<input type="checkbox"/>
<b>6B. State of Program—Evaluation:</b> What changes could be implemented to improve your program?	<b>Provides:</b> <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	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Click here to enter text.	<input type="checkbox"/>
<b>7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:</b> State your current year SAOs and SLOs.	<b>Provides:</b> <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Click here to enter text.	<input type="checkbox"/>
<b>7B. SAO Assessment Plan:</b> Describe your program's SAO Assessment Plan.	<b>Provides:</b> <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Click here to enter text.	<input type="checkbox"/>
<b>7C. SAO Assessment Results and Impact:</b> Summarize the findings of your program's SAO Assessments.	<b>Provides:</b> <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Click here to enter text.	<input type="checkbox"/>
<b>7D. SLO Assessment Plan:</b> Describe your program's SLO Assessment Plan	<b>Provides:</b> <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Click here to enter text.	<input type="checkbox"/>



<b>7E. SLO Assessment Results and Impact:</b> 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?	<b>Provides:</b> <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Click here to enter text.	<input type="checkbox"/>
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Student Services Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b>Looking Ahead</b>				
<b>7F. SAOs and SLOs for the Next Review Cycle:</b> Describe how you will address identified opportunities for improvement.	<b>Provides:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Click here to enter text.	<input type="checkbox"/>
<b>Resource Requests</b>	<b>Developing</b>	<b>Acceptable</b>	<b>Exemplary</b>	<b>Comments</b>
8. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input checked="" type="checkbox"/> Information is complete	Very well done!
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 PRI E and/or Professional Development in the "Units Impacted" section.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input checked="" type="checkbox"/> Information is complete	Great job identifying action plans.

**Overall Commendations:**

**Overall an excellent program review. The SAO's, SLO's, program's strengths and challenges are very well documented and articulated. Efforts to improve your programs are thoughtful and focused on the needs of your students.**

**Overall Recommendations:**

None.

**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.](#)

## Annual Program Plan/Review Assessment Student Services Planning Committee

Program Name: <a href="#">Click here to enter text.</a>	
SSPC Member(s) Reviewers: <a href="#">Click here to enter text.</a>	Date Reviewed: <a href="#">Click here to enter text.</a>

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

Student Services Program Review	Performance Level			
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b><u>Executive Summary</u></b>				
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"/> Evidence <input type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	Information needed: <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	For EOPS and CW, provide number of students served and how many more students will be served with EOPS funding increase.	<input type="checkbox"/>
<b><u>Program Context</u></b>				
<b>1. Mission</b>	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	Complete	<input type="checkbox"/>
<b>2. Program Description</b>	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	Good – CARE description is missing something at end.	<input type="checkbox"/>
<b>3. Community and Labor Needs:</b> Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect 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	<a href="#">Click here to enter text.</a>	<input type="checkbox"/>
<b><u>Looking Back</u></b>				

4. Describe <b>major accomplishments</b>	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	Excellent, detailed outcomes; add number of CARE/CW students served.	<input type="checkbox"/>
5. <b>Impact of Resources Allocations:</b> 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"/> 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	Excellent, detailed information.	<input type="checkbox"/>
<b>Student Services Program Review</b>		<b>Performance Level</b>		
	<b>Commendations</b>	<b>Recommendations</b>	<b>Comments</b>	<b>ACCJC Exemplary Check</b>
<b>Current State of the Program</b>				
6A. <b>State of the Program—Observation:</b> 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	Excellent! What is the amount that students receive for food vouchers and gas cards?	<input type="checkbox"/>
6B. <b>State of Program—Evaluation:</b> 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	Good, specific information.	<input type="checkbox"/>
7A. <b>Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:</b> State your current year SAOs and SLOs.	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	For CW survey, it would be good to know why students might be dissatisfied with their child care.	<input type="checkbox"/>
7B. <b>SAO Assessment Plan:</b> 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	Click here to enter text.	<input type="checkbox"/>

<b>7C. SAO Assessment Results and Impact:</b> Summarize the findings of your program's SAO Assessments.	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	Good information.	<input type="checkbox"/>
<b>7D. SLO Assessment Plan:</b> Describe your program's SLO 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	What percentage of your EOPS students responded to survey?	<input type="checkbox"/>
<b>7E. SLO Assessment Results and Impact:</b> 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: <input 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	Could not see the full chart to completely understand results.	<input type="checkbox"/>

Student Services Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b>Looking Ahead</b>				
<b>7F. SAOs and SLOs for the Next Review Cycle:</b> Describe how you will address identified opportunities for improvement.	Provides: <input checked="" 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	Could be more specific.	<input type="checkbox"/>
<b>Resource Requests</b>	<b>Developing</b>	<b>Acceptable</b>	<b>Exemplary</b>	<b>Comments</b>
8. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> 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 PRI E and/or Professional Development in the "Units Impacted" section.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> 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.

## Annual Program Plan/Review Assessment Student Services Planning Committee

Program Name: EOPSCARECalWorks	
SSPC Member(s) Reviewers: Chialin Hsieh	Date Reviewed: <a href="#">Click here to enter text.</a>

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

Student Services Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b><u>Executive Summary</u></b>				
Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees.	<b>Provides:</b> <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	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<a href="#">Click here to enter text.</a>	<input type="checkbox"/>
<b><u>Program Context</u></b>				
<b>1. Mission</b>	<b>Provides:</b> <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	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<a href="#">Click here to enter text.</a>	<input type="checkbox"/>
<b>2. Program Description</b>	<b>Provides:</b> <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	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<a href="#">Click here to enter text.</a>	<input type="checkbox"/>
<b>3. Community and Labor Needs:</b> Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program.	<b>Provides:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	It is not required. You may consider decreasing the funding changes that impact the expanding of your program.	<input type="checkbox"/>
<b><u>Looking Back</u></b>				
<b>4. Describe major accomplishments</b>	<b>Provides:</b> <input checked="" type="checkbox"/> Evidence	<b>Information needed:</b> <input type="checkbox"/> Evidence	Very thorough description on	<input checked="" type="checkbox"/>

	<input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	<input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	accomplishments! Great job!	
<b>5. Impact of Resources Allocations:</b> 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"/> 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	Very thorough description and impact of resources allocations.	<input checked="" type="checkbox"/>
<b>Student Services Program Review</b>		<b>Performance Level</b>		
	<b>Commendations</b>	<b>Recommendations</b>	<b>Comments</b>	<b>ACCJC Exemplary Check</b>
<b>Current State of the Program</b>				
<b>6A. State of the Program—Observation:</b> 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	Excellent for EPOS, CARE, and CalWorks! Dreamers and FFYSI have limited information. (May be they are new.)	<input type="checkbox"/>
<b>6B. State of Program—Evaluation:</b> 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	No information for Dreamers and FFYSI. If you can articulate why is missing, it may help the reader.	<input type="checkbox"/>
<b>7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:</b> State your current year SAOs and SLOs.	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	Good survey questions. I may miss your SLOs and SAOs statements, If you have them stated somewhere, it will help the reader.	<input type="checkbox"/>



<b>7B. SAO Assessment Plan:</b> Describe your program's SAO Assessment Plan.	<b>Provides:</b> <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Click here to enter text.	<input type="checkbox"/>
<b>7C. SAO Assessment Results and Impact:</b> Summarize the findings of your program's SAO Assessments.	<b>Provides:</b> <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	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Since you have good results for a couple of years, you may want to consider having the learning outcomes to a higher levels that are "apply, analyze, or evaluate" other than "recall, memorize, etc".	<input type="checkbox"/>
<b>7D. SLO Assessment Plan:</b> Describe your program's SLO Assessment Plan	<b>Provides:</b> <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	This SLO assessment plan is articulated clearer than SAO assessment plan,	<input type="checkbox"/>
<b>7E. SLO Assessment Results and Impact:</b> 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?	<b>Provides:</b> <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Since you have good results for a couple of years, you may want to consider having the learning outcomes to a higher levels that are "apply, analyze, or evaluate" other than "recall, memorize, etc".	<input type="checkbox"/>

Student Services Program Review	Performance Level			
	Commendations	Recommendations	Comments	ACCJC Exemplary

				Check
<b>Looking Ahead</b>				
<b>7F. SAOs and SLOs for the Next Review Cycle:</b> Describe how you will address identified opportunities for improvement.	<b>Provides:</b> <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Will the SAO statement be the same as last year? Is it just changing the method of measurement?	<input type="checkbox"/>
<b>Resource Requests</b>	<b>Developing</b>	<b>Acceptable</b>	<b>Exemplary</b>	<b>Comments</b>
8. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> 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.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input checked="" type="checkbox"/> Information is complete	Click here to enter text.

**Overall Commendations:**

**Thorough description and analysis, especially on the impact of resource allocation**

**Overall Recommendations:**

May want to consider “upgrade” SLO and SAO to a higher level in Taxonomy—application, analysis, evaluation, synthesis, instead of the knowledge or recall level.

**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.](#)

## Annual Program Plan/Review Assessment Student Services Planning Committee

Program Name: TRiO, BTO, Upward Bound, VROC	
SSPC Member(s) Reviewers: Carlos Luna	Date Reviewed: 4/20/16

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

Student Services Program Review	Performance Level			
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b><u>Executive Summary</u></b>				
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"/> 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	Click here to enter text.	<input type="checkbox"/>
<b><u>Program Context</u></b>				
<b>1. Mission</b>	Provides: <input checked="" 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	Click here to enter text.	<input type="checkbox"/>
<b>2. Program Description</b>	Provides: <input checked="" 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	Click here to enter text.	<input type="checkbox"/>
<b>3. Community and Labor Needs:</b> Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect 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	Click here to enter text.	<input type="checkbox"/>
<b><u>Looking Back</u></b>				
<b>4. Describe major accomplishments</b>	Provides: <input 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	Great to see increased campus and community collaboration. Also good to	<input type="checkbox"/>

			see there is continued support for students such as DREAMers and vets.	
5. <b>Impact of Resources Allocations:</b> 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"/> 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	Click here to enter text.	<input type="checkbox"/>
<b>Student Services Program Review</b>		<b>Performance Level</b>		
	<b>Commendations</b>	<b>Recommendations</b>	<b>Comments</b>	<b>ACCJC Exemplary Check</b>
<b>Current State of the Program</b>				
6A. <b>State of the Program—Observation:</b> 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	Has TRIO seen much impact from using the Buddy Up app? Do students find it useful? Did they even know about it from any of the other programs in the LC? How heavily has the staff cut affected VROC and are their plans for the near future to restore those cut positions?	<input type="checkbox"/>
6B. <b>State of Program—Evaluation:</b> 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	BTO and VROC evaluation missing?	<input type="checkbox"/>

<b>7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:</b> State your current year SAOs and SLOs.	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	Click here to enter text.	<input type="checkbox"/>
<b>7B. SAO Assessment Plan:</b> Describe your program's SAO Assessment Plan.	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	Click here to enter text.	<input type="checkbox"/>
<b>7C. SAO Assessment Results and Impact:</b> Summarize the findings of your program's SAO Assessments.	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	Click here to enter text.	<input type="checkbox"/>
<b>7D. SLO Assessment Plan:</b> Describe your program's SLO 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	Click here to enter text.	<input type="checkbox"/>
<b>7E. SLO Assessment Results and Impact:</b> 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: <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	Click here to enter text.	<input type="checkbox"/>

Student Services Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b>Looking Ahead</b>				
<b>7F. SAOs and SLOs for the Next Review Cycle:</b> Describe how you will address identified opportunities for improvement.	Provides: <input 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	Click here to enter text.	<input type="checkbox"/>
<b>Resource Requests</b>	<b>Developing</b>	<b>Acceptable</b>	<b>Exemplary</b>	<b>Comments</b>

<p>8. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.</p>	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> Information is complete	No requests?
<p>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.</p>	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> Information is complete	Plan being drafted?

**Overall Commendations:**

**Increased campus and community collaboration have made the programs more visible on campus which is sure to ensure students have the support they need to be successful**

**Overall Recommendations:**

Perhaps a specific plan to increase survey collection. For example, Sparkpoint incentives were mentioned in your program review.

**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.](#)



## Annual Program Plan/Review Assessment Student Services Planning Committee

Program Name: EOPS, CARE, CalWORKs, FFYSI	
SSPC Member(s) Reviewers: Bob Haick	Date Reviewed: 5/9/16

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

Student Services Program Review	Performance Level			
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b><u>Executive Summary</u></b>				
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"/> 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	Click here to enter text.	<input type="checkbox"/>
<b><u>Program Context</u></b>				
<b>1. Mission</b>	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	Click here to enter text.	<input type="checkbox"/>
<b>2. Program Description</b>	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	Click here to enter text.	<input type="checkbox"/>
<b>3. Community and Labor Needs:</b> Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect 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	Click here to enter text.	<input type="checkbox"/>
<b><u>Looking Back</u></b>				
<b>4. Describe major accomplishments</b>	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	Wow! Great Stuff going on!	<input type="checkbox"/>

<b>5. Impact of Resources Allocations:</b> 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.	<b>Provides:</b> <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	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Click here to enter text.	<input type="checkbox"/>
<b>Student Services Program Review</b>		<b>Performance Level</b>		
	<b>Commendations</b>	<b>Recommendations</b>	<b>Comments</b>	<b>ACCJC Exemplary Check</b>
<b><u>Current State of the Program</u></b>				
<b>6A. State of the Program—Observation:</b> Describe the current state of the program (include strengths and challenges)	<b>Provides:</b> <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	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Great detail! Great work helping our student overcome obstacles.	<input type="checkbox"/>
<b>6B. State of Program—Evaluation:</b> What changes could be implemented to improve your program?	<b>Provides:</b> <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	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Click here to enter text.	<input type="checkbox"/>
<b>7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:</b> State your current year SAOs and SLOs.	<b>Provides:</b> <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Click here to enter text.	<input type="checkbox"/>
<b>7B. SAO Assessment Plan:</b> Describe your program's SAO Assessment Plan.	<b>Provides:</b> <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Click here to enter text.	<input type="checkbox"/>
<b>7C. SAO Assessment Results and Impact:</b> Summarize the findings of your program's SAO Assessments.	<b>Provides:</b> <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Great Data, really shows student impact.	<input type="checkbox"/>
<b>7D. SLO Assessment Plan:</b> Describe your program's SLO Assessment Plan	<b>Provides:</b> <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students	<b>Information needed:</b> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students	Click here to enter text.	<input type="checkbox"/>

	<input type="checkbox"/> Efforts to make changes	<input type="checkbox"/> Efforts to make changes		
<b>7E. SLO Assessment Results and Impact:</b> 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: <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	Again, good data and analysis on impact and gives info on where to make changes.	<input type="checkbox"/>

Student Services Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<b>Looking Ahead</b>				
<b>7F. SAOs and SLOs for the Next Review Cycle:</b> Describe how you will address identified opportunities for improvement.	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	Click here to enter text.	<input type="checkbox"/>
<b>Resource Requests</b>	<b>Developing</b>	<b>Acceptable</b>	<b>Exemplary</b>	<b>Comments</b>
8. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> 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.	<input type="checkbox"/> Information is unclear	<input type="checkbox"/> Description is acceptable but needs additional information	<input type="checkbox"/> 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.