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

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| Program Name: TRiO, BTO, UB, Vets | |
| SSPC Member(s) Reviewers: Bob Haick | Date Reviewed: 4/18/16 |

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** |
| **Executive Summary** | | | | |
| Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **Program Context** | | | | |
| **1. Mission** | Provides:<br>☒ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **2. Program Description** | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| 3. **Community and Labor Needs**: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program. | Provides:<br>☒ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **Looking Back** | | | | |
| 4. Describe **major accomplishments** | Provides:<br>☒ Evidence<br>☐ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |

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| 5. **Impact of Resources Allocations:** Describe the impact to date that each new resource (staff, non-instructional assignment, equipment, facilities, research, funding) has had on your program and measures of student success or client satisfaction. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Great Documentation on Impact | ☐ |
| **Student Services Program Review** | Performance Level | | | |
| | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Check** |
| **Current State of the Program** | | | | |
| **6A. State of the Program—Observation:** Describe the current state of the program (include strengths and challenges) | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Good Read and very clear! | ☐ |
| **6B. State of Program—Evaluation**: What changes could be implemented to improve your program? | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Good Info for TRiO, but what about Vet and BTO? | ☐ |
| **7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:** State your current year SAOs and SLOs. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **7B. SAO Assessment Plan**: Describe your program's SAO Assessment Plan. | Provides:<br>☒ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **7C. SAO Assessment Results and Impact**: Summarize the findings of your program's SAO Assessments. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **7D. SLO Assessment Plan**: Describe your program's SLO Assessment Plan | Provides:<br>☒ Evidence<br>☒ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |

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| **7E. SLO Assessment Results and Impact**: Summarize the findings of your program's SLO Assessments. What are some improvements that have been, or can be, implemented as a result of SLO Assessment? | Provides:<br>☐ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | How are BTO and Veterans Surveyed? How is learning measured? | ☐ |

| **Student Services Program Review** | **Performance Level** | | | |
|---|---|---|---|---|
| | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Check** |
| **Looking Ahead** | | | | |
| **7F. SAOs and SLOs for the Next Review Cycle:** Describe how you will address identified opportunities for improvement. | Provides:<br>☐ Evidence<br>☒ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Good Analysis and Assessments for each program. Make sure they measure student learning. | ☐ |
| **Resource Requests** | **Developing** | **Acceptable** | **Exemplary** | **Comments** |
| 8. Equipment, technology, and facilities requests:<br>Use this objective to request supplies, equipment, technology or facilities improvements. | ☒ Information is unclear | ☐ Description is acceptable but needs additional information | ☐ Information is complete | Couldn't find |
| 9. Strategic Action Plans:<br>Use this objective to describe the action plans that your program intends to implement. Describe your plan. Be sure to describe any research or training you will need to accomplish these plans. Then select PRIE and/or Professional Development in the "Units Impacted" section. | ☒ Information is unclear | ☐ Description is acceptable but needs additional information | ☐ Information is complete | Couldn't find |

**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

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|---|---|
| Program Name: TRIO, BTO, UB, Veterans | |
| SSPC Member(s) Reviewers: Sarah Aranyakul & Lorraine Barrales | Date Reviewed: 04/20/2016 |

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** |
| **Executive Summary** | | | | |
| Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **Program Context** | | | | |
| **1. Mission** | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **2. Program Description** | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| 3. **Community and Labor Needs**: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program. | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **Looking Back** | | | | |
| 4. Describe **major accomplishments** | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | TRIO – how many counseling hrs that James does for TRIO and how many | ☐ |

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| | | | Melissa does for TRIO? 20 hours of counseling for how many students? What were the counseling hours before the increase to 20 hours. Upward Bound – 100% of class of 2015 attended college, it is very impressive, how many students participated in the Upward Bound? | |
| 5. **Impact of Resources Allocations:** Describe the impact to date that each new resource (staff, non-instructional assignment, equipment, facilities, research, funding) has had on your program and measures of student success or client satisfaction. | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **Student Services Program Review** | Performance Level | | | |
| | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Check** |
| **Current State of the Program** | | | | |
| **6A. State of the Program—Observation:** Describe the current state of the program (include strengths and challenges) | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | For TRIO, Upward Bound, BTO & VROC- how many unduplicated student are currently served in your program compared to the | ☐ |

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| | | | last two years? | |
| **6B. State of Program—Evaluation**: What changes could be implemented to improve your program? | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | TRIO – staff professional development should be listed in a different area. No program evaluation from BTO and VROC. | ☒ |
| **7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:** State your current year SAOs and SLOs. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☒ |
| **7B. SAO Assessment Plan**: Describe your program's SAO Assessment Plan. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **7C. SAO Assessment Results and Impact**: Summarize the findings of your program's SAO Assessments. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | TRIO - What is the impact of the progress reports that you have seen in your students? Are they able to improve their grades or how many students were connected with a tutor? Upward Bound – good analysis and impact on students who participated on the activities. How many | ☐ |

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| | | | students completed the SAO? BTO – what are the questions on SAO and how many students completed SAO? | |
| **7D. SLO Assessment Plan**: Describe your program's SLO Assessment Plan | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | TRIO – good SLO questions. | ☒ |
| **7E. SLO Assessment Results and Impact**: Summarize the findings of your program's SLO Assessments. What are some improvements that have been, or can be, implemented as a result of SLO Assessment? | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | TRIO & Upward Bound -good analysis and impact on students. For Upward Bound, how many students responded to the survey? BTO –14 students responded to the survey, how could we increase the number of students responding to the survey? Was there a Pre/Post survey to measure the data? | ☐ |

| **Student Services Program Review** | **Performance Level** | | | |
|---|---|---|---|---|
| | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Check** |
| **Looking Ahead** | | | | |

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| **7F. SAOs and SLOs for the Next Review Cycle:** Describe how you will address identified opportunities for improvement. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | TRIO – like to see the impact of Progress Report on students. | ☐ |
| **Resource Requests** | **Developing** | **Acceptable** | **Exemplary** | **Comments** |
| 8. Equipment, technology, and facilities requests:<br>Use this objective to request supplies, equipment, technology or facilities improvements. | ☐ Information is unclear | ☐ Description is acceptable but needs additional information | ☐ Information is complete | Click here to enter text. |
| 9. Strategic Action Plans:<br>Use this objective to describe the action plans that your program intends to implement. Describe your plan. Be sure to describe any research or training you will need to accomplish these plans. Then select PRIE and/or Professional Development in the "Units Impacted" section. | ☐ Information is unclear | ☐ Description is acceptable but needs additional information | ☐ Information is complete | Click here to enter text. |

**Overall Commendations:**

**The Program Plans have given us the opportunity to learn more about your programs especially TRIO Upward Bound and VROC. You're doing a great work for students.**

**Overall Recommendations:**

For TRIO, we would like to suggest SAO to measure the level of students' satisfaction of TRIO services – counseling, transfer, tutoring, ect… We would like to see Students Success and Retiontion in TRIO program and this may help justify institutionalizing TRIO.

**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 and Veterans | |
| SSPC Member(s) Reviewers: Ruth Miller | Date Reviewed: April 26, 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** |
| **Executive Summary** | | | | |
| Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees. | Provides:<br>☐ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☒ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Clear and consise. Would this be the place to add the number of students served? | ☐ |
| **Program Context** | | | | |
| **1. Mission** | Provides:<br>☐ Evidence<br>☐ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Clear and consise. | ☐ |
| **2. Program Description** | Provides:<br>☐ Evidence<br>☐ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Clear and consise. | ☐ |
| 3. **Community and Labor Needs**: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program. | Provides:<br>☒ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Good connections. | ☐ |
| **Looking Back** | | | | |
| 4. Describe **major accomplishments** | Provides:<br>☒ Evidence<br>☐ Analysis<br>☒ Impact on students | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students | Good job. Congratulations on your achievements. | ☐ |

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| | ☒ Efforts to make changes | ☐ Efforts to make changes | Would this be the place to document the number of students served? | |
| 5. **Impact of Resources Allocations:** Describe the impact to date that each new resource (staff, non-instructional assignment, equipment, facilities, research, funding) has had on your program and measures of student success or client satisfaction. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Clear and concise. | ☐ |
| **Student Services Program Review** | Performance Level | | | |
| | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Check** |
| **Current State of the Program** | | | | |
| **6A. State of the Program—Observation:** Describe the current state of the program (include strengths and challenges) | Provides:<br>☐ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Clear, consise and very informative. | ☐ |
| **6B. State of Program—Evaluation**: What changes could be implemented to improve your program? | Provides:<br>☒ Evidence<br>☐ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Clear and consise. Could use data on the number of students being served. | ☐ |
| **7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:** State your current year SAOs and SLOs. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Is there where you would state the exact SAO? | ☐ |
| **7B. SAO Assessment Plan**: Describe your program's SAO Assessment Plan. | Provides:<br>☒ Evidence<br>☐ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Good job. | ☐ |

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|---|---|---|---|---|
| **7C. SAO Assessment Results and Impact**: Summarize the findings of your program's SAO Assessments. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Good data. Clear and consise. | ☐ |
| **7D. SLO Assessment Plan**: Describe your program's SLO Assessment Plan | Provides:<br>☒ Evidence<br>☒ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Clear | ☐ |
| **7E. SLO Assessment Results and Impact**: Summarize the findings of your program's SLO Assessments. What are some improvements that have been, or can be, implemented as a result of SLO Assessment? | Provides:<br>☒ Evidence<br>☐ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Clear and consise. | ☐ |

| **Student Services Program Review** | **Performance Level** | | | |
|---|---|---|---|---|
| | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Check** |
| **Looking Ahead** | | | | |
| **7F. SAOs and SLOs for the Next Review Cycle:** Describe how you will address identified opportunities for improvement. | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Great job! | ☐ |
| **Resource Requests** | **Developing** | **Acceptable** | **Exemplary** | **Comments** |
| 8. Equipment, technology, and facilities requests:<br>Use this objective to request supplies, equipment, technology or facilities improvements. | ☐ Information is unclear | ☐ Description is acceptable but needs additional information | ☐ Information is complete | Could not see the needs portion of the program review. |
| 9. Strategic Action Plans:<br>Use this objective to describe the action plans that your program intends to implement. Describe your plan. Be sure to describe any research or training you will need to accomplish these plans. Then select PRIE and/or Professional Development in the "Units Impacted" section. | ☐ Information is unclear | ☐ Description is acceptable but needs additional information | ☐ Information is complete | Could not see this document. |

**Overall Commendations:**

Click here to enter text.

**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: TRIO/BTO/Upward Bound/Veterans | |
| SSPC Member(s) Reviewers: Max Hartman | Date Reviewed: 4/19/16 |

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** |
| **Executive Summary** | | | | |
| Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Succinct explanations of each program. | ☐ |
| **Program Context** | | | | |
| **1. Mission** | Provides:<br>☐ Evidence<br>☐ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Nice mission statements all around. | ☐ |
| **2. Program Description** | Provides:<br>☒ Evidence<br>☐ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Informative descriptions of programs and services offered. | ☐ |
| 3. **Community and Labor Needs**: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | I like that so many of us student services programs have info to put in this section! | ☐ |
| **Looking Back** | | | | |
| 4. Describe **major accomplishments** | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students | Click here to enter text. | ☒ |

| | | | | |
|---|---|---|---|---|
| | ☒ Efforts to make changes | ☐ Efforts to make changes | | |
| 5. **Impact of Resources Allocations:** Describe the impact to date that each new resource (staff, non-instructional assignment, equipment, facilities, research, funding) has had on your program and measures of student success or client satisfaction. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Nice analysis about how each allocation has improved the program and supported students. | ☐ |
| **Student Services Program Review** | Performance Level | | | |
| | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Check** |
| **Current State of the Program** | | | | |
| **6A. State of the Program—Observation:** Describe the current state of the program (include strengths and challenges) | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **6B. State of Program—Evaluation**: What changes could be implemented to improve your program? | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | No BTO or VROC information provided. | ☐ |
| **7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:** State your current year SAOs and SLOs. | Provides:<br>☒ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Possibly recommend rewording the SLOs for example "TRIO Upward Bound stduents will be knowledgeable about high school requirements, college requirements, and will show skill improvement in subject areas" | ☐ |

| | | | | |
|---|---|---|---|---|
| **7B. SAO Assessment Plan**: Describe your program's SAO Assessment Plan. | Provides:<br>☒ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **7C. SAO Assessment Results and Impact**: Summarize the findings of your program's SAO Assessments. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **7D. SLO Assessment Plan**: Describe your program's SLO Assessment Plan | Provides:<br>☒ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Here SLOs are clearly stated, should be in 7A. Good plans! | ☐ |
| **7E. SLO Assessment Results and Impact**: Summarize the findings of your program's SLO Assessments. What are some improvements that have been, or can be, implemented as a result of SLO Assessment? | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Lots of good results, it might have been helpful if some of the survey data could have been presented in a table. | ☐ |

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

| | | | | |
|---|---|---|---|---|
| 9. Strategic Action Plans:<br>Use this objective to describe the action plans that your program intends to implement. Describe your plan. Be sure to describe any research or training you will need to accomplish these plans. Then select PRIE and/or Professional Development in the "Units Impacted" section. | ☐ Information is unclear | ☒ Description is acceptable but needs additional information | ☐ Information is complete | For the instructional request, what equipment and technology is being requested? |

**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: TRIO, BTO, Upward Bound, Veterans | |
| SSPC Member(s) Reviewers: Lizette Bricker | Date Reviewed: 4/22/16 |

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** |
| **Executive Summary** | | | | |
| Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees. | Provides:<br>☒ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Good description of program but could include more data on number of students served, retention and or persistence info. | ☐ |
| **Program Context** | | | | |
| **1. Mission** | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **2. Program Description** | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| 3. **Community and Labor Needs**: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program. | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **Looking Back** | | | | |

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|---|---|---|---|---|
| 4. Describe **major accomplishments** | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Look forward to see how ambassador program develpes for TRIO. | ☐ |
| 5. **Impact of Resources Allocations:** Describe the impact to date that each new resource (staff, non-instructional assignment, equipment, facilities, research, funding) has had on your program and measures of student success or client satisfaction. | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Glad to see new infusion of funds that support these efforts. | ☐ |

| **Student Services Program Review** | Performance Level | | | |
|---|---|---|---|---|
| | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Check** |
| **Current State of the Program** | | | | |
| **6A. State of the Program—Observation:** Describe the current state of the program (include strengths and challenges) | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **6B. State of Program—Evaluation**: What changes could be implemented to improve your program? | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:** State your current year SAOs and SLOs. | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **7B. SAO Assessment Plan**: Describe your program's SAO Assessment Plan. | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **7C. SAO Assessment Results and Impact**: Summarize the findings of your program's SAO Assessments. | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students | Click here to enter text. | ☐ |

| | | | | |
|---|---|---|---|---|
| | ☐ Efforts to make changes | ☐ Efforts to make changes | | |
| **7D. SLO Assessment Plan**: Describe your program's SLO Assessment Plan | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **7E. SLO Assessment Results and Impact**: Summarize the findings of your program's SLO Assessments. What are some improvements that have been, or can be, implemented as a result of SLO Assessment? | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |

| **Student Services Program Review** | **Performance Level** | | | |
|---|---|---|---|---|
| | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Check** |
| **Looking Ahead** | | | | |
| **7F. SAOs and SLOs for the Next Review Cycle:** Describe how you will address identified opportunities for improvement. | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **Resource Requests** | **Developing** | **Acceptable** | **Exemplary** | **Comments** |
| 8. Equipment, technology, and facilities requests:<br>Use this objective to request supplies, equipment, technology or facilities improvements. | ☐ Information is unclear | ☐ Description is acceptable but needs additional information | ☐ Information is complete | Click here to enter text. |
| 9. Strategic Action Plans:<br>Use this objective to describe the action plans that your program intends to implement. Describe your plan. Be sure to describe any research or training you will need to accomplish these plans. Then select PRIE and/or Professional Development in the "Units Impacted" section. | ☐ Information is unclear | ☐ Description is acceptable but needs additional information | ☐ Information is complete | Click here to enter text. |

**Overall Commendations:**

**Overall, these programs show that students are connected and being served. Glad to see that programs are getting creative with other funding sources to expand servives.**

**Overall Recommendations:**

I would recommend adding more information on number of students services, persistence and reterntion success rates. Also, considering the type of students served, it would be great to connect with our Equity committee either for funding support and or data inquiry.

**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, UB, Vets | |
| SSPC Member(s) Reviewers: Kim Lopez | Date Reviewed: 4/15/2016 |

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** |
| **Executive Summary** | | | | |
| Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **Program Context** | | | | |
| **1. Mission** | Provides:<br>☒ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **2. Program Description** | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| 3. **Community and Labor Needs**: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program. | Provides:<br>☒ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **Looking Back** | | | | |
| 4. Describe **major accomplishments** | Provides:<br>☒ Evidence<br>☐ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Does the SSS-TRiO program have peer mentors now or proposes to hire them? I | ☐ |

| | | | | |
|---|---|---|---|---|
| | | | didn't see any information relating to BTO and VROC in this section. | |
| 5. **Impact of Resources Allocations:** Describe the impact to date that each new resource (staff, non-instructional assignment, equipment, facilities, research, funding) has had on your program and measures of student success or client satisfaction. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Impact of resources is well documented. | ☐ |

| **Student Services Program Review** | Performance Level | | | |
|---|---|---|---|---|
| | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Check** |
| **Current State of the Program** | | | | |
| **6A. State of the Program—Observation:** Describe the current state of the program (include strengths and challenges) | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Excellent overview of the current state of the programs. | ☐ |
| **6B. State of Program—Evaluation**: What changes could be implemented to improve your program? | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☒ Efforts to make changes | How many SSS students attend the National TRiO Day event? Did you request additional conference funds? Did UB request additional tutoring funds?There isn't any info for VROC or BTO. | ☐ |
| **7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:** State your current year SAOs and SLOs. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |

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|---|---|---|---|---|
| **7B. SAO Assessment Plan**: Describe your program's SAO Assessment Plan. | Provides:<br>☒ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | BTO may need to get more specific with it's SAO's in order to assess accomplishment. | ☐ |
| **7C. SAO Assessment Results and Impact**: Summarize the findings of your program's SAO Assessments. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Upward Bound did an excellent job of quantifying SAO results and impact. | ☒ |
| **7D. SLO Assessment Plan**: Describe your program's SLO Assessment Plan | Provides:<br>☒ Evidence<br>☒ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **7E. SLO Assessment Results and Impact**: Summarize the findings of your program's SLO Assessments. What are some improvements that have been, or can be, implemented as a result of SLO Assessment? | Provides:<br>☐ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☒ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | The TRiO data must be linked to our students, otherwise it's not very useful for our SLO's. Does BTO and VROC provide a pre and post survey to measure learning? If not, the surveys are more satisfaction surveys and not SLO's. | ☐ |

| **Student Services Program Review** | **Performance Level** | | | |
|---|---|---|---|---|
| | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Check** |
| **Looking Ahead** | | | | |

| | | | | |
|---|---|---|---|---|
| **7F. SAOs and SLOs for the Next Review Cycle:** Describe how you will address identified opportunities for improvement. | Provides:<br>☐ Evidence<br>☒ Analysis<br>☐ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☒ Evidence<br>☐ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | It will be easier to measure impact if the SSS, BTO and VROC SAO's and SLO's are written out specifically. They are too general as is. | ☐ |
| **Resource Requests** | **Developing** | **Acceptable** | **Exemplary** | **Comments** |
| 8. Equipment, technology, and facilities requests:<br>Use this objective to request supplies, equipment, technology or facilities improvements. | ☒ Information is unclear | ☐ Description is acceptable but needs additional information | ☐ Information is complete | I couldn't locate any resource requests? |
| 9. Strategic Action Plans:<br>Use this objective to describe the action plans that your program intends to implement. Describe your plan. Be sure to describe any research or training you will need to accomplish these plans. Then select PRIE and/or Professional Development in the "Units Impacted" section. | ☒ Information is unclear | ☐ Description is acceptable but needs additional information | ☐ Information is complete | I couldn't locate any strategic action plans. |

**Overall Commendations:**

**Program descriptions and major accomplishments were very well done. Upward Bound is doing an excellent job on collecting SAO and SLO data as evidence of program effectiveness.**

**Overall Recommendations:**

Overall, TRiO and BTO/VROC need to work with the PRIE office to develop measureable SLO's and SAO's for 2016-17 cycle. The programs seem to be effective but evidence needs to collected and shared. I was unable to locate position, equipment or professional development requests, but I read in the program reviews that there is a big need in these areas.

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

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

| Student Services Program Review | Performance Level | | | |
|---|---|---|---|---|
| | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Check** |
| **Executive Summary** | | | | |
| Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees. | Provides:<br>☒ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☒ Evidence<br>☐ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Include # of student served for all programs. | ☐ |
| **Program Context** | | | | |
| **1. Mission** | Provides:<br>☐ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | complete | ☐ |
| **2. Program Description** | Provides:<br>☐ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | complete | ☐ |
| 3. **Community and Labor Needs**: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program. | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☒ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Does not answer connections with community | ☐ |
| **Looking Back** | | | | |
| 4. Describe **major accomplishments** | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☒ Evidence<br>☐ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Only data on # of students is for proactive registration | ☐ |

| | | | | |
|---|---|---|---|---|
| 5. **Impact of Resources Allocations:** Describe the impact to date that each new resource (staff, non-instructional assignment, equipment, facilities, research, funding) has had on your program and measures of student success or client satisfaction. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | complete | ☐ |
| **Student Services Program Review** | Performance Level | | | |
| | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Check** |
| **Current State of the Program** | | | | |
| **6A. State of the Program—Observation:** Describe the current state of the program (include strengths and challenges) | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | complete | ☐ |
| **6B. State of Program—Evaluation**: What changes could be implemented to improve your program? | Provides:<br>☒ Evidence<br>☒ Analysis<br>☐ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☒ Evidence<br>☐ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Does not include what changes could specifically benefit students; no data for BTO and VROC. | ☐ |
| **7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:** State your current year SAOs and SLOs. | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☒ Evidence<br>☐ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | SAO and SLO's have multiple activities and are not specific enough for measurement. | ☐ |
| **7B. SAO Assessment Plan**: Describe your program's SAO Assessment Plan. | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Include how SAO and SLO will be measured. | ☐ |
| **7C. SAO Assessment Results and Impact**: Summarize the findings of your program's SAO Assessments. | Provides:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☒ Evidence<br>☐ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Actual # of students served is not provided – percentages are used. | ☐ |

| | | | | |
|---|---|---|---|---|
| **7D. SLO Assessment Plan**: Describe your program's SLO Assessment Plan | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☒ Evidence<br>☐ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | BTO SLO is focused on mentors not students served; VROC SLO difficult to measure. | ☐ |
| **7E. SLO Assessment Results and Impact**: Summarize the findings of your program's SLO Assessments. What are some improvements that have been, or can be, implemented as a result of SLO Assessment? | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | complete | ☐ |

| **Student Services Program Review** | **Performance Level** | | | |
|---|---|---|---|---|
| | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Check** |
| **Looking Ahead** | | | | |
| **7F. SAOs and SLOs for the Next Review Cycle:** Describe how you will address identified opportunities for improvement. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | complete | ☐ |
| **Resource Requests** | **Developing** | **Acceptable** | **Exemplary** | **Comments** |
| 8. Equipment, technology, and facilities requests:<br>Use this objective to request supplies, equipment, technology or facilities improvements. | ☐ Information is unclear | ☐ Description is acceptable but needs additional information | ☐ Information is complete | Could not find this information (?) |
| 9. Strategic Action Plans:<br>Use this objective to describe the action plans that your program intends to implement. Describe your plan. Be sure to describe any research or training you will need to accomplish these plans. Then select PRIE and/or Professional Development in the "Units Impacted" section. | ☒ Information is unclear | ☐ Description is acceptable but needs additional information | ☐ Information is complete | No information provided |

**Overall Commendations:**

**Good information – needs more focus on numbers of students served and impact of services on students.**

**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: 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** |
| **Executive Summary** | | | | |
| Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **Program Context** | | | | |
| **1. Mission** | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **2. Program Description** | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| 3. **Community and Labor Needs**: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **Looking Back** | | | | |
| 4. Describe **major accomplishments** | Provides:<br>☐ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Great to see increased campus and community collaboration. Also good to | ☐ |

| | | | | |
|---|---|---|---|---|
| | | | see there is continued support for students such as DREAMers and vets. | |
| 5. **Impact of Resources Allocations:** Describe the impact to date that each new resource (staff, non-instructional assignment, equipment, facilities, research, funding) has had on your program and measures of student success or client satisfaction. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **Student Services Program Review** | Performance Level | | | |
| | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Check** |
| **Current State of the Program** | | | | |
| **6A. State of the Program—Observation:** Describe the current state of the program (include strengths and challenges) | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ 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? | ☐ |
| **6B. State of Program—Evaluation**: What changes could be implemented to improve your program? | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | BTO and VROC evaluation missing? | ☐ |

| | | | | |
|---|---|---|---|---|
| **7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment:** State your current year SAOs and SLOs. | Provides:<br>☐ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **7B. SAO Assessment Plan**: Describe your program's SAO Assessment Plan. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **7C. SAO Assessment Results and Impact**: Summarize the findings of your program's SAO Assessments. | Provides:<br>☒ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **7D. SLO Assessment Plan**: Describe your program's SLO Assessment Plan | Provides:<br>☐ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **7E. SLO Assessment Results and Impact**: Summarize the findings of your program's SLO Assessments. What are some improvements that have been, or can be, implemented as a result of SLO Assessment? | Provides:<br>☐ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☐ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |

| **Student Services Program Review** | **Performance Level** | | | |
|---|---|---|---|---|
| | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Check** |
| **Looking Ahead** | | | | |
| **7F. SAOs and SLOs for the Next Review Cycle:** Describe how you will address identified opportunities for improvement. | Provides:<br>☐ Evidence<br>☒ Analysis<br>☒ Impact on students<br>☒ Efforts to make changes | Information needed:<br>☐ Evidence<br>☐ Analysis<br>☐ Impact on students<br>☐ Efforts to make changes | Click here to enter text. | ☐ |
| **Resource Requests** | **Developing** | **Acceptable** | **Exemplary** | **Comments** |

| | | | | |
|---|---|---|---|---|
| 8. Equipment, technology, and facilities requests:<br>Use this objective to request supplies, equipment, technology or facilities improvements. | ☐ Information is unclear | ☐ Description is acceptable but needs additional information | ☐ Information is complete | No requests? |
| 9. Strategic Action Plans:<br>Use this objective to describe the action plans that your program intends to implement. Describe your plan. Be sure to describe any research or training you will need to accomplish these plans. Then select PRIE and/or Professional Development in the "Units Impacted" section. | ☐ Information is unclear | ☐ Description is acceptable but needs additional information | ☐ Information is complete | 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.