

Annual Program Plan/Review Assessment Student Services Planning Committee

Program Name: DRC, Psych, Health	
SSPC Member(s) Reviewers: Bob Haick	Date Reviewed: 3/28/16

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
<u>Executive Summary</u>				
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"/>
<u>Program Context</u>				
1. Mission	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"/>
2. Program Description	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"/>
3. Community and Labor Needs: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect 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 type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Great connections with the community and region 3 partners.	<input type="checkbox"/>
<u>Looking Back</u>				
4. Describe major accomplishments	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	Great department growth which will increase the services to	<input type="checkbox"/>

			more students. implementation of better organization tools.	
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: <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 Analysis and follow through. Good flexibility.	<input type="checkbox"/>
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: <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"/>
6B. State of Program—Evaluation: What changes could be implemented to improve your program?	Provides: <input type="checkbox"/> Evidence <input checked="" 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"/>
7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment: State your current year SAOs and SLOs.	Provides: <input 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	Click here to enter text.	<input type="checkbox"/>
7B. SAO Assessment Plan: Describe your program's SAO Assessment Plan.	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	Good questions to address performance perceptions of students and make corrections if needed.	<input type="checkbox"/>

7C. SAO Assessment Results and Impact: 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"/>
7D. SLO Assessment Plan: 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"/>
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 : <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
Looking Ahead				
7F. SAOs and SLOs for the Next Review Cycle: 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	Click here to enter text.	<input type="checkbox"/>
Resource Requests	Developing	Acceptable	Exemplary	Comments
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.

Annual Program Plan/Review Assessment Student Services Planning Committee

Program Name: Wellness Center	
SSPC Member(s) Reviewers: Supinda Sirihekaphong	Date Reviewed: March 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
<u>Executive Summary</u>				
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 checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	PCC indicates that demand has never been higher, pls. provide brief intro to efforts to meet increase demand.	<input type="checkbox"/>
<u>Program Context</u>				
1. Mission	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	Clear mission.	<input type="checkbox"/>
2. Program Description	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	PCC and Health Center, a little more detail on services provided would be helpful.	<input type="checkbox"/>
3. Community and Labor Needs: 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	Any collaboration/outreach with high school feeder schools?	<input type="checkbox"/>
<u>Looking Back</u>				
4. Describe major accomplishments	Provides:	Information needed:	DRC: is the	<input type="checkbox"/>

	<input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	<input type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	add'l 12 hours because of J.French's hire or is it additional adjunct counseling? PCC : # 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: <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	PCC: can specific #s be provided or is that confidential?	<input type="checkbox"/>
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: <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	PCC: Would be good to see some #s so we can compare it to when a FT faculty is hired.	<input type="checkbox"/>
6B. State of Program—Evaluation: 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. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment: 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. SAO Assessment Plan: 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. SAO Assessment Results and Impact: 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"/>
7D. SLO Assessment Plan: 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"/>
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 : <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	Wow! 40% not knowing were Well ness Ctr is, is not good.	<input type="checkbox"/>

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 : <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	Does Health Center track reasons for visit, example, physical, immunization, etc.? Would be interesting to know reasons for visit.	<input type="checkbox"/>
Resource Requests	Developing	Acceptable	Exemplary	Comments
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	<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.

Development in the "Units Impacted" section.				
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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: DRC, Psych, Health	
SSPC Member(s) Reviewers: Soraya Sohrabi	Date Reviewed: 3/28/16

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
<u>Executive Summary</u>				
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"/>
<u>Program Context</u>				
1. Mission	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"/>
2. Program Description	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"/>
3. Community and Labor Needs: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect 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 type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Click here to enter text.	<input type="checkbox"/>
<u>Looking Back</u>				
4. Describe major accomplishments	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"/>

<p>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.</p>	<p>Provides:</p> <ul style="list-style-type: none"> <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 	<p>Information needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes 	<p>Good Analysis! I only recommend to add the % increased in the number of students seen by PCC.</p>	<input type="checkbox"/>
Student Services Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<u>Current State of the Program</u>				
<p>6A. State of the Program—Observation: Describe the current state of the program (include strengths and challenges)</p>	<p>Provides:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes 	<p>Information needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes 	<p>Click here to enter text.</p>	<input type="checkbox"/>
<p>6B. State of Program—Evaluation: What changes could be implemented to improve your program?</p>	<p>Provides:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes 	<p>Information needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes 	<p>Click here to enter text.</p>	<input type="checkbox"/>
<p>7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment: State your current year SAOs and SLOs.</p>	<p>Provides:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes 	<p>Information needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes 	<p>The SLO under the Health Center may be revised to reflect the Students Learning outcome. The current statement reflects the tool used to evaluate the SLO.</p>	<input type="checkbox"/>
<p>7B. SAO Assessment Plan: Describe your program's SAO Assessment Plan.</p>	<p>Provides:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes 	<p>Information needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes 	<p>Click here to enter text.</p>	<input type="checkbox"/>

7C. SAO Assessment Results and Impact: 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	Great review, detailed and to the point.	<input type="checkbox"/>
7D. SLO Assessment Plan: Describe your program's SLO Assessment Plan	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"/>
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 : <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
Looking Ahead				
7F. SAOs and SLOs for the Next Review Cycle: 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 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"/>
Resource Requests	Developing	Acceptable	Exemplary	Comments
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.

Annual Program Plan/Review Assessment Student Services Planning Committee

Program Name: Wellness Center	
SSPC Member(s) Reviewers: Sarah Aranyakul	Date Reviewed: 4/5/16

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
<u>Executive Summary</u>				
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"/>
<u>Program Context</u>				
1. Mission	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"/>
2. Program Description	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"/>
3. Community and Labor Needs: 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"/>
<u>Looking Back</u>				
4. Describe major accomplishments	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	So far, how many students have utilized the Learning Disability Assessment?	<input type="checkbox"/>

			Do we have students on a wait list for assessment? When do we plan to use Paperless Management System?	
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: <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	How many students has PCC served in each academic year?	<input type="checkbox"/>
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: <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	Thank you. The info helped me better understand the Wellness Center's challenges.	<input type="checkbox"/>
6B. State of Program—Evaluation: 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	Click here to enter text.	<input type="checkbox"/>
7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment: 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	Click here to enter text.	<input type="checkbox"/>
7B. SAO Assessment Plan: 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	For question #1, would like to suggest adding the description about Wellness	<input type="checkbox"/>

			Center as we might get a better result. For example: do you know where the Wellness Center (Disability Resource Center, Personal Counseling, Health Center)?	
7C. SAO Assessment Results and Impact: 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	For the DRC survey (11 students responded), could we have a paper survey for students to complete when they come to DRC?	<input type="checkbox"/>
7D. SLO Assessment Plan: 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	Please find my recommendations below.	<input type="checkbox"/>
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: <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"/>

Student Services Program Review	Performance Level			
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<u>Looking Ahead</u>				

<p>7F. SAOs and SLOs for the Next Review Cycle: Describe how you will address identified opportunities for improvement.</p>	<p>Provides:</p> <ul style="list-style-type: none"> <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 	<p>Information needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes 	<p>Totally agreed with the paper version.</p>	<p><input type="checkbox"/></p>
<p>Resource Requests</p>	<p>Developing</p>	<p>Acceptable</p>	<p>Exemplary</p>	<p>Comments</p>
<p>8. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.</p>	<p><input type="checkbox"/> Information is unclear</p>	<p><input type="checkbox"/> Description is acceptable but needs additional information</p>	<p><input type="checkbox"/> Information is complete</p>	<p>Click here to enter text.</p>
<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>	<p><input type="checkbox"/> Information is unclear</p>	<p><input type="checkbox"/> Description is acceptable but needs additional information</p>	<p><input type="checkbox"/> Information is complete</p>	<p>Click here to enter text.</p>

Overall Commendations:

I am very pleased to see many positive changes in Wellness Center. Max has done an excellent job in advocating for students and the programs. Thank you!

Overall Recommendations:

For SAO, I would like to suggest that we have a paper questionnaire for students who come to use DRC, PCC and Health Center. Each program will have their own survey for students to complete (just a suggestion). With the paper version, I believe that we will have more student completing the survey. For SLO (DRC), 25 students completed the pre/post survey which is about 8% of DRC students, it will be nice if we can get at least 25% of DRC students to complete the survey. I also would like to suggest that the survey is given out to students during their first contact in the semester so we can better see the impact of DRC services.

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: Wellness Center	
SSPC Member(s) Reviewers: Ruth Miller	Date Reviewed: April 13, 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
<u>Executive Summary</u>				
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 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	Clear and concise. Could use a little data regarding the program growth.	<input type="checkbox"/>
<u>Program Context</u>				
1. Mission	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	Clear and concise.	<input type="checkbox"/>
2. Program Description	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	Clear and concise. Could add the number of students served.	<input type="checkbox"/>
3. Community and Labor Needs: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect 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 type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Great connections.	<input type="checkbox"/>
<u>Looking Back</u>				
4. Describe major accomplishments	Provides: <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students	Good job. A number of major accomplishmen	<input type="checkbox"/>

	<input type="checkbox"/> Efforts to make changes	<input type="checkbox"/> Efforts to make changes	ts	
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: <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
Current State of the Program				
6A. State of the Program—Observation: 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 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.	<input type="checkbox"/>
6B. State of Program—Evaluation: 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 type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Could you state that the additional staffing is needed due to the increase in students being served.	<input type="checkbox"/>
7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment: State your current year SAOs and SLOs.	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	Health Center SLO needs to be more detailed.	<input type="checkbox"/>
7B. SAO Assessment Plan: 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	Well thought out questions.	<input type="checkbox"/>
7C. SAO Assessment Results and Impact: Summarize the findings of your program's SAO Assessments.	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	Good data. Clear and concise.	<input type="checkbox"/>

7D. SLO Assessment Plan: Describe your program's SLO 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	Clear	<input type="checkbox"/>
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 : <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	<input type="checkbox"/>

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 : <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	Great job!	<input type="checkbox"/>
Resource Requests	Developing	Acceptable	Exemplary	Comments
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.
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	Could not see this document.

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: Wellness Center	
SSPC Member(s) Reviewers: Misha Maggi	Date Reviewed: 04/08/16

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
<u>Executive Summary</u>				
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	Great work linking to Ed Master Plan and incredible increase in past years!	<input type="checkbox"/>
<u>Program Context</u>				
1. Mission	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	Wonderful breakdown of each department within the Wellness Center	<input type="checkbox"/>
2. Program Description	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	Susinct and informative	<input type="checkbox"/>
3. Community and Labor Needs: 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 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	What happens if you can't get funding from Title V to go to the mandatory conference?	<input type="checkbox"/>
<u>Looking Back</u>				
4. Describe major accomplishments	Provides: <input checked="" type="checkbox"/> Evidence	Information needed: <input type="checkbox"/> Evidence	Great that you can go	<input type="checkbox"/>

	<input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	<input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	paperless and created more time to help students. Glad the position went through! Do you collect data on how many you've helped with the Affordable Care Act?	
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: <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"/>
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: <input 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 checked="" type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	70,000 pages and tons of growth! Are you allowed under your funding/confidentiality to get Student Assistants? What do you do if the Chancellor's Office remote ASL does not benefit the Cañada DRC? For changing the hours, what did your survey look like?	<input type="checkbox"/>

6B. State of Program—Evaluation: 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	How will the DRC simplify test proctoring and scheduling for faculty?	<input type="checkbox"/>
7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment: State your current year SAOs and SLOs.	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	Simple and succinct 1 SLO and 1 SAO per department.	<input type="checkbox"/>
7B. SAO Assessment Plan: 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	Great tool with both qualitative and quantitative data through email survey.	<input type="checkbox"/>
7C. SAO Assessment Results and Impact: 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	129 responded to the survey— what percentage is that to the students you serve on campus? What can be done if nearly 40% don’t know where it is located? Results in the 70% still pretty good, how did you come up with the 80% goal? Why do you think only 11 out of 200 responded? If it was a hardcopy in the office do you think you would get more?	<input type="checkbox"/>

<p>7D. SLO Assessment Plan: Describe your program's SLO Assessment Plan</p>	<p>Provides:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes 	<p>Information needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes 	<p>How long are personal counseling sessions? Would you also consider doing a longevity pre and post survey to see if they retained the information?</p>	<p><input type="checkbox"/></p>
<p>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?</p>	<p>Provides:</p> <ul style="list-style-type: none"> <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 	<p>Information needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes 	<p>What percentage of pre and post tests were finished compared to how many meetings were had? Will the joint survey be similar if many of the students are already coming in knowing their three competency areas? That's great you've set goals to assess Personal Counseling and Health Center SLOs.</p>	<p><input type="checkbox"/></p>

Student Services Program Review	Performance Level			
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
<u>Looking Ahead</u>				

<p>7F. SAOs and SLOs for the Next Review Cycle: Describe how you will address identified opportunities for improvement.</p>	<p>Provides:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes 	<p>Information needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes 	<p>Yes! I made that comment earlier too, paper surveys could be impertitive to getting more data. What efforts will be made to bring up the percentage to the goal %? Working with PRIE is great! Is there any way we can help in Student Life?</p>	<p><input type="checkbox"/></p>
Resource Requests	Developing	Acceptable	Exemplary	Comments
<p>8. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.</p>	<p><input type="checkbox"/> Information is unclear</p>	<p><input type="checkbox"/> Description is acceptable but needs additional information</p>	<p><input type="checkbox"/> Information is complete</p>	<p>NA</p>
<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>	<p><input type="checkbox"/> Information is unclear</p>	<p><input type="checkbox"/> Description is acceptable but needs additional information</p>	<p><input type="checkbox"/> Information is complete</p>	<p>NA</p>

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: Wellness Center	
SSPC Member(s) Reviewers: Kim Lopez	Date Reviewed: 4/5/2016

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
<u>Executive Summary</u>				
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 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"/>
<u>Program Context</u>				
1. Mission	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"/>
2. Program Description	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"/>
3. Community and Labor Needs: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program.	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"/>
<u>Looking Back</u>				
4. Describe major accomplishments	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 checked="" type="checkbox"/>

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: <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"/>
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: <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"/>
6B. State of Program—Evaluation: 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	Click here to enter text.	<input type="checkbox"/>
7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment: 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	Click here to enter text.	<input type="checkbox"/>
7B. SAO Assessment Plan: 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	Excellent survey information. Evening personal counseling hours needed.	<input type="checkbox"/>
7C. SAO Assessment Results and Impact: 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"/>
7D. SLO Assessment Plan: 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	Click here to enter text.	<input type="checkbox"/>

<p>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?</p>	<p>Provides:</p> <ul style="list-style-type: none"> <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 	<p>Information needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes 	<p>SLO's for the PCC will be implemented in 15-16. I am not sure how the pregnancy prevention activities relate to SLO's – more explanation needed. No data provided for Health Center.</p>	<input type="checkbox"/>
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Student Services Program Review		Performance Level		
	Commendations	Recommendations	Comments	ACCJC Exemplary Check
Looking Ahead				
<p>7F. SAOs and SLOs for the Next Review Cycle: Describe how you will address identified opportunities for improvement.</p>	<p>Provides:</p> <ul style="list-style-type: none"> <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 	<p>Information needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes 		<input type="checkbox"/>
Resource Requests	Developing	Acceptable	Exemplary	Comments
<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	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 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	Excellent action plans.

Overall Commendations:

Overall the program review provides an excellent overview and data on major accomplishments, student survey responses and specific action plans for next year.

Overall Recommendations:

SLO development needed in the PCC and Health Center.

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
<u>Executive Summary</u>				
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 type="checkbox"/> Efforts to make changes	Information needed: <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	Needs more outcome data in the summary.	<input type="checkbox"/>
<u>Program Context</u>				
1. Mission	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	Great!	<input type="checkbox"/>
2. Program Description	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	Could add more to Health Ctr. Description.	<input type="checkbox"/>
3. Community and Labor Needs: 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 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!	<input type="checkbox"/>
<u>Looking Back</u>				
4. Describe major accomplishments	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 checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	No data on numbers of students served by PCC.	<input type="checkbox"/>

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: <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"/>
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: <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 checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Include # of students served for PCC and Health Ctr.	<input type="checkbox"/>
6B. State of Program—Evaluation: 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	Great!	<input type="checkbox"/>
7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment: 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 checked="" type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	Include data on health ctr. Questionnaire.	<input type="checkbox"/>
7B. SAO Assessment Plan: 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"/>
7C. SAO Assessment Results and Impact: 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	Excellent data!	<input type="checkbox"/>
7D. SLO Assessment Plan: Describe your program's SLO 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	Click here to enter text.	<input type="checkbox"/>

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: <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"/>
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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: <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"/>
Resource Requests	Developing	Acceptable	Exemplary	Comments
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	Did not see this section.
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	Did not see this section.

Overall Commendations:

[Click here to enter text.](#)

Overall Recommendations:

Excellent information on DRC; more descriptive information and service levels for PCC and Health Center would make the program review more complete.

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: Wellness Center: DRC, Psychological Services, Health Center	
SSPC Member(s) Reviewers: Carlos Luna	Date Reviewed: 4/8/16

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
<u>Executive Summary</u>				
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"/>
<u>Program Context</u>				
1. Mission	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"/>
2. Program Description	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	Click here to enter text.	<input type="checkbox"/>
3. Community and Labor Needs: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program.	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"/>
<u>Looking Back</u>				
4. Describe major accomplishments	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	A lot of great accomplishments. I feel the Wellness Center is much	<input checked="" type="checkbox"/>

			more visible on campus now.	
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: <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"/>
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: <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"/>
6B. State of Program—Evaluation: What changes could be implemented to improve your program?	Provides: <input type="checkbox"/> Evidence <input checked="" 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"/>
7A. Current Service Area Outcomes (SAOs) Assessment and Student Learning Outcomes (SLOs) Assessment: 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	SLO for health center seems a little vague. Perhaps expanding it a bit would make it clearer.	<input type="checkbox"/>
7B. SAO Assessment Plan: 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 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. SAO Assessment Results and Impact: 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	It's a little surprising that responses to the DRC survey were so low. Is there a plan to get better feedback	<input checked="" type="checkbox"/>

			from DRC students?	
7D. SLO Assessment Plan: 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"/>
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: <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
Looking Ahead				
7F. SAOs and SLOs for the Next Review Cycle: 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	Click here to enter text.	<input type="checkbox"/>
Resource Requests	Developing	Acceptable	Exemplary	Comments
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.
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:

The Wellness Center continues to provide great service to our students and they appear to be much more visible on campus with all the outreach that has been done. The name change from Psychological Services to Personal Counseling Center was a good idea. With the stigma that still surrounds psychological issues, I could see how reaching out for help may have been a little intimidating. The new name seems much less intimidating and I can see how it will encourage far more students to reach out for help. Nicely done.

Overall Recommendations:

Just trying to get better feedback from surveys but it looks like there is already a plan in place for that.

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.](#)

