Administrative Planning Committee Annual Program Plan/Review Assessment

Program Name: Instruction	APC Member(s) Reviewers: Barbara Bucton

The purpose of this form is to provide feedback on the quality of the program review to the Program Review author(s)

Administrative Program Review	**Performance Level**			
	Commendations	**Recommendations**	**Comments**	**ACCJC Exemplary Check**
Executive Summary				
Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees.	Provides: ☑ Summary of strengths ☑ Summary of challenges ☐ Summary of action plans ☐ Thorough summary	Information needed: ☐ Summary of strengths ☐ Summary of challenges ☑ Summary of action plans ☑ Thorough summary		☐
Program Context				
1. Mission:				
2. Program Description	Provides: ☑ Evidence ☑ Analysis ☑ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☑ Efforts to make changes		☐
3. **Community and Labor Needs**: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program.	Provides: ☑ Community needs ☑ Employment needs ☐ Technology needs ☐ Licensing ☐ Accreditation ☐ Impact on program	Information needed: ☐ Community needs ☐ Employment needs ☑ Technology needs ☐ Licensing ☐ Accreditation ☑ Impact on program	☐ No recommendation or change needed ☐ Not applicable	☐
Looking Back				
4. Describe **major accomplishments**	Provides: ☑ Evidence ☑ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☑ Impact on students ☑ Efforts to make changes		☐
5. **Impact of Resources Allocations:** Describe the impact to date that each new resource (staff, non-instructional assignment, equipment, facilities, research, funding) has had on your program and measures of student success or client satisfaction.	Provides: ☐ Thorough description of new resources' impact on program ☐ Thorough description of impact on students ☐ Efforts to make changes ☐ Efforts to make changes	Information needed: ☐ Further description of new resources' impact on program ☐ Further description of impact on students ☐ Efforts to make changes	☑ Not Applicable	☐

Administrative 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: ☑ Evidence ☑ Analysis ☐ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☑ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
6B. State of Program—Evaluation: What changes could be implemented to improve your program?	Provides: ☑ Evidence ☑ Analysis ☐ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☑ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
7A. Service Area Outcomes (SAOs) Assessment Plan: Describe your program's SAO Assessment Plan.	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
7B. SAO Assessment Results and Impact: Summarize the findings of your program's SAO Assessments. What are some improvements that have been, or can be, implemented as a result of SAO assessment?	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
Looking Ahead (at SPOL Planning Module)				
8. 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.	Provided: ☑ Thorough description of action plans	Information needed: ☐ Further description of action plans	☐ No recommendation or change needed	☐
9. Personnel request: See SPOL for details	Not review by APC	Not review by APC	☐ No recommendation or change needed	☐
10. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	Provided: ☑ Thorough description of action plans	Information needed: ☐ Further description of action plans	☐ No recommendation or change needed	☐

Overall Commendations:

Overall Recommendations:

Overall Program Effectiveness:

- ☐ Highly effective
- ☐ Effective
- ☐ Needs program improvement

Approval Process is embedded in SPOL (Approval from APC and president)

Administrative Planning Committee Annual Program Plan/Review Assessment

Program Name: Office of Instruction	APC Member(s) Reviewers: Chialin Hsieh

The purpose of this form is to provide feedback on the quality of the program review to the Program Review author(s)

Administrative Program Review	**Performance Level**			
	Commendations	**Recommendations**	**Comments**	**ACCJC Exemplary Check**
Executive Summary				
Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees.	Provides: ☑ Summary of strengths ☑ Summary of challenges ☐ Summary of action plans ☑ Thorough summary	Information needed: ☐ Summary of strengths ☐ Summary of challenges ☐ Summary of action plans ☐ Thorough summary		☐
Program Context				
1. Mission:				
2. Program Description	Provides: ☑ Evidence ☑ Analysis ☑ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Excellent description	☑
3. **Community and Labor Needs**: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program.	Provides: ☑ Community needs ☑ Employment needs ☑ Technology needs ☐ Licensing ☐ Accreditation ☐ Impact on program	Information needed: ☐ Community needs ☐ Employment needs ☐ Technology needs ☐ Licensing ☑ Accreditation ☐ Impact on program	☐ No recommendation or change needed ☐ Not applicable I wish you can comment on how you support accreditation	☐
Looking Back				
4. Describe **major accomplishments**	Provides: ☑ Evidence ☑ Analysis ☑ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	I wish you can comment on the accomplishments of supporting accreditation, plan progress reports, and IPC accomplishments. If you did not address these major	☐

			accomplishments, no program review would!	
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: ☐ Thorough description of new resources' impact on program ☐ Thorough description of impact on students ☐ Efforts to make changes ☐ Efforts to make changes	Information needed: ☐ Further description of new resources' impact on program ☐ Further description of impact on students ☐ Efforts to make changes	☑ Not Applicable	☐

Administrative 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: ☑ Evidence ☑ Analysis ☑ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed Again, accreditation, student learning outcome assessment, plan progress and IPC accomplishments are missing.	☐
6B. State of Program—Evaluation: What changes could be implemented to improve your program?	Provides: ☑ Evidence ☑ Analysis ☑ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed Again, accreditation, student learning outcome assessment, plan progress and IPC accomplishments are missing.	☐
7A. Service Area Outcomes (SAOs) Assessment Plan: Describe your program's SAO Assessment Plan.	Provides: ☑ Evidence ☑ Analysis ☑ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
7B. SAO Assessment Results and Impact: Summarize the findings of your program's SAO Assessments. What are some improvements that have been, or can be, implemented as a result of SAO assessment?	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☑ No recommendation or change needed Not Applicable	☐
Looking Ahead (at SPOL Planning Module)				

8. 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.	Provided: ☑ Thorough description of action plans	Information needed: ☐ Further description of action plans	☐ No recommendation or change needed I wish you can add to support accreditation, student learning outcome assessment, ACES, and IPC.	☐
9. Personnel request: See SPOL for details	Not review by APC	Not review by APC	☐ No recommendation or change needed	☐
10. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	Provided: ☑ Thorough description of action plans	Information needed: ☐ Further description of action plans	☐ No recommendation or change needed	☐

Overall Commendations:

Very thorough! Excellent work!

Overall Recommendations:

The main program review seems missing some tasks that the VPI supports or leads, such as supporting/leading accreditation, student learning outcome, plan progress reports, ACES, and IPC.

Overall Program Effectiveness:

- ☐ **Highly effective**
- ☐ Effective
- ☐ Needs program improvement

Approval Process is embedded in SPOL (Approval from APC and president)

Administrative Planning Committee Annual Program Plan/Review Assessment

Program Name: Office of Instruction	APC Member(s) Reviewers: Debbie Joy

The purpose of this form is to provide feedback on the quality of the program review to the Program Review author(s)

Administrative Program Review	Performance Level			
	Commendations	**Recommendations**	**Comments**	**ACCJC Exemplary Check**
Executive Summary				
Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees.	Provides: ☑ Summary of strengths ☑ Summary of challenges ☐ Summary of action plans ☐ Thorough summary	Information needed: ☐ Summary of strengths ☐ Summary of challenges ☑ Summary of action plans ☐ Thorough summary		☐
Program Context				
1. Mission:				
2. Program Description	Provides: ☑ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☑ Impact on students ☐ Efforts to make changes		☐
3. **Community and Labor Needs**: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program.	Provides: ☑ Community needs ☑ Employment needs ☑ Technology needs ☐ Licensing ☐ Accreditation ☑ Impact on program	Information needed: ☐ Community needs ☐ Employment needs ☐ Technology needs ☐ Licensing ☐ Accreditation ☐ Impact on program	☐ No recommendation or change needed ☐ Not applicable	☐
Looking Back				
4. Describe **major accomplishments**	Provides: ☑ Evidence ☐ Analysis ☑ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes		☐
5. **Impact of Resources Allocations:** Describe the impact to date that each new resource (staff, non-instructional assignment, equipment, facilities, research, funding) has had on your program and measures of student success or client satisfaction.	Provides: ☐ Thorough description of new resources' impact on program ☐ Thorough description of impact on students ☐ Efforts to make changes ☐ Efforts to make changes	Information needed: ☐ Further description of new resources' impact on program ☐ Further description of impact on students ☐ Efforts to make changes	☑ Not Applicable	☐

Administrative 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: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☑ No recommendation or change needed	☐
6B. State of Program—Evaluation: What changes could be implemented to improve your program?	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☑ No recommendation or change needed	☐
7A. Service Area Outcomes (SAOs) Assessment Plan: Describe your program's SAO Assessment Plan.	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☑ No recommendation or change needed	☐
7B. SAO Assessment Results and Impact: Summarize the findings of your program's SAO Assessments. What are some improvements that have been, or can be, implemented as a result of SAO assessment?	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☑ No recommendation or change needed	☐
Looking Ahead (at SPOL Planning Module)				
8. 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.	Provided: ☐ Thorough description of action plans	Information needed: ☐ Further description of action plans	☑ No recommendation or change needed	☐
9. Personnel request: See SPOL for details	Not review by APC	Not review by APC	☐ No recommendation or change needed	☐
10. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	Provided: ☐ Thorough description of action plans	Information needed: ☐ Further description of action plans	☐ No recommendation or change needed	☐

Overall Commendations:

Overall Recommendations:

Overall Program Effectiveness:

- ☐ Highly effective
- ☐ Effective
- ☐ Needs program improvement

Approval Process is embedded in SPOL (Approval from APC and president)

Administrative Planning Committee Annual Program Plan/Review Assessment

Program Name: Office of Instruction	APC Member(s) Reviewers: Kim Lopez

The purpose of this form is to provide feedback on the quality of the program review to the Program Review author(s)

Administrative Program Review	**Performance Level**			
	Commendations	**Recommendations**	**Comments**	**ACCJC Exemplary Check**
Executive Summary				
Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees.	Provides: ☑ Summary of strengths ☑ Summary of challenges ☐ Summary of action plans ☐ Thorough summary	Information needed: ☐ Summary of strengths ☐ Summary of challenges ☑ Summary of action plans ☑ Thorough summary		☐
Program Context				
1. Mission:				
2. Program Description	Provides: ☑ Evidence ☐ Analysis ☐ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☑ Analysis ☑ Impact on students ☐ Efforts to make changes		☐
3. **Community and Labor Needs**: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program.	Provides: ☑ Community needs ☐ Employment needs ☑ Technology needs ☐ Licensing ☐ Accreditation ☐ Impact on program	Information needed: ☐ Community needs ☑ Employment needs ☐ Technology needs ☑ Licensing ☑ Accreditation ☑ Impact on program	☐ No recommendation or change needed ☐ Not applicable	☐
Looking Back				
4. Describe **major accomplishments**	Provides: ☑ Evidence ☐ Analysis ☐ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☑ Analysis ☑ Impact on students ☐ Efforts to make changes		☐
5. **Impact of Resources Allocations:** Describe the impact to date that each new resource (staff, non-instructional assignment, equipment, facilities, research, funding) has had on your program and measures of student success or client satisfaction.	Provides: ☐ Thorough description of new resources' impact on program ☐ Thorough description of impact on students ☐ Efforts to make changes ☐ Efforts to make changes	Information needed: ☐ Further description of new resources' impact on program ☐ Further description of impact on students ☐ Efforts to make changes	☑ Not Applicable	☐

Administrative 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: ☑ Evidence ☐ Analysis ☐ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☑ Analysis ☑ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
6B. State of Program—Evaluation: What changes could be implemented to improve your program?	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☑ Efforts to make changes	Information needed: ☑ Evidence ☑ Analysis ☑ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
7A. Service Area Outcomes (SAOs) Assessment Plan: Describe your program's SAO Assessment Plan.	Provides: ☑ Evidence ☑ Analysis ☐ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☑ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
7B. SAO Assessment Results and Impact: Summarize the findings of your program's SAO Assessments. What are some improvements that have been, or can be, implemented as a result of SAO assessment?	Provides: ☑ Evidence ☑ Analysis ☐ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☑ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
Looking Ahead (at SPOL Planning Module)				
8. 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.	Provided: ☑ Thorough description of action plans	Information needed: ☐ Further description of action plans	☐ No recommendation or change needed	☐
9. Personnel request: See SPOL for details	Not review by APC	Not review by APC	☐ No recommendation or change needed	☐
10. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	Provided: ☐ Thorough description of action plans	Information needed: ☑ Further description of action plans	☐ No recommendation or change needed	☐

Overall Commendations:

Overall a comprehensive summary of accomplishments and the strategic action plan is detailed and specific.

Overall Recommendations:

Although limited staffing was mentioned as a limitation, staffing needs were not identified in resource requests (Web Designer for example). Also, funding was not identified as needed for implementation of the strategic action plans. For example, statewide activity requires funding. Current state of the program would be strengthen via a "client survey".

Overall Program Effectiveness:

- ☐ Highly effective
- ☐ **Effective**
- ☐ Needs program improvement

Approval Process is embedded in SPOL (Approval from APC and president)

Administrative Planning Committee Annual Program Plan/Review Assessment

Program Name: Office of Instruction	APC Member(s) Reviewers: Mary Chries Concha Thia

The purpose of this form is to provide feedback on the quality of the program review to the Program Review author(s)

Administrative Program Review	**Performance Level**			
	Commendations	**Recommendations**	**Comments**	**ACCJC Exemplary Check**
Executive Summary				
Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees.	Provides: ☑ Summary of strengths ☑ Summary of challenges ☐ Summary of action plans ☑ Thorough summary	Information needed: ☐ Summary of strengths ☑ Summary of challenges ☐ Summary of action plans ☐ Thorough summary		☐
Program Context				
1. Mission:				
2. Program Description	Provides: ☑ Evidence ☑ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes		☐
3. **Community and Labor Needs**: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program.	Provides: ☑ Community needs ☐ Employment needs ☐ Technology needs ☐ Licensing ☐ Accreditation ☑ Impact on program	Information needed: ☐ Community needs ☐ Employment needs ☐ Technology needs ☐ Licensing ☑ Accreditation ☐ Impact on program	☐ No recommendation or change needed ☐ Not applicable	☐
Looking Back				
4. Describe **major accomplishments**	Provides: ☑ Evidence ☐ Analysis ☑ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes		☐
5. **Impact of Resources Allocations:** Describe the impact to date that each new resource (staff, non-instructional assignment, equipment, facilities, research, funding) has had on your program and measures of student success or client satisfaction.	Provides: ☐ Thorough description of new resources' impact on program ☐ Thorough description of impact on students ☐ Efforts to make changes ☐ Efforts to make changes	Information needed: ☑ Further description of new resources' impact on program ☐ Further description of impact on students ☐ Efforts to make changes	☐ Not Applicable	☐

Administrative 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: ☑ Evidence ☑ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
6B. State of Program—Evaluation: What changes could be implemented to improve your program?	Provides: ☐ Evidence ☑ Analysis ☑ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
7A. Service Area Outcomes (SAOs) Assessment Plan: Describe your program's SAO Assessment Plan.	Provides: ☑ Evidence ☑ Analysis ☐ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
7B. SAO Assessment Results and Impact: Summarize the findings of your program's SAO Assessments. What are some improvements that have been, or can be, implemented as a result of SAO assessment?	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☑ Evidence ☑ Analysis ☑ Impact on students ☑ Efforts to make changes	☐ No recommendation or change needed	☐
Looking Ahead (at SPOL Planning Module)				
8. 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.	Provided: ☑ Thorough description of action plans	Information needed: ☐ Further description of action plans	☐ No recommendation or change needed	☐
9. Personnel request: See SPOL for details	Not review by APC	Not review by APC	☐ No recommendation or change needed	☐
10. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	Provided: ☐ Thorough description of action plans	Information needed: ☑ Further description of action plans	☐ No recommendation or change needed	☐

Overall Commendations:

Great summary of accomplishments and detailed information of future plans for improvement.

Overall Recommendations:

Missing the impact on resource allocation.

Overall Program Effectiveness:

- ☐ Highly effective
- ☐ Effective
- ☐ Needs program improvement

Approval Process is embedded in SPOL (Approval from APC and president)

Administrative Planning Committee Annual Program Plan/Review Assessment

Program Name: Office of Instruction	APC Member(s) Reviewers: Megan Antone

The purpose of this form is to provide feedback on the quality of the program review to the Program Review author(s)

Administrative Program Review	**Performance Level**			
	Commendations	**Recommendations**	**Comments**	**ACCJC Exemplary Check**
Executive Summary				
Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees.	Provides: ☑ Summary of strengths ☑ Summary of challenges ☐ Summary of action plans ☐ Thorough summary	Information needed: ☐ Summary of strengths ☐ Summary of challenges ☑ Summary of action plans ☑ Thorough summary	Action plan wasn't outlined?	☐
Program Context				
1. Mission:				
2. Program Description	Provides: ☑ Evidence ☑ Analysis ☑ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Nice detail.	☐
3. **Community and Labor Needs**: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program.	Provides: ☑ Community needs ☐ Employment needs ☑ Technology needs ☐ Licensing ☐ Accreditation ☑ Impact on program	Information needed: ☐ Community needs ☑ Employment needs ☐ Technology needs ☐ Licensing ☑ Accreditation ☐ Impact on program	☐ Suggestion to expand on how the CTE programs positively prepare residents for the workforce (employment needs commendation). Include JobTrain?	☐
Looking Back				
4. Describe **major accomplishments**	Provides: ☑ Evidence ☑ Analysis ☑ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes		☐
5. **Impact of Resources Allocations:** Describe the impact to date that each new resource (staff, non-instructional assignment, equipment, facilities, research, funding) has had on your program and measures of student success or client satisfaction.	Provides: ☐ Thorough description of new resources' impact on program ☐ Thorough description of impact on students	Information needed: ☐ Further description of new resources' impact on program	☑ Not Applicable	☐

	☐ Efforts to make changes ☐ Efforts to make changes	☐ Further description of impact on students ☐ Efforts to make changes		

Administrative 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: ☑ Evidence ☑ Analysis ☑ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☑ No recommendation or change needed	☐
6B. State of Program—Evaluation: What changes could be implemented to improve your program?	Provides: ☑ Evidence ☑ Analysis ☑ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☑ No recommendation or change needed	☐
7A. Service Area Outcomes (SAOs) Assessment Plan: Describe your program's SAO Assessment Plan.	Provides: ☑ Evidence ☑ Analysis ☑ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☑ No recommendation or change needed	☐
7B. SAO Assessment Results and Impact: Summarize the findings of your program's SAO Assessments. What are some improvements that have been, or can be, implemented as a result of SAO assessment?	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☑ Evidence ☑ Analysis ☑ Impact on students ☑ Efforts to make changes	☐ Suggested improvements missing.	☐
Looking Ahead (at SPOL Planning Module)				
8. 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.	Provided: ☑ Thorough description of action plans	Information needed: ☐ Further description of action plans	☑ No recommendation or change needed	☐
9. Personnel request: See SPOL for details	Not review by APC	Not review by APC	☑ No recommendation or change needed	☐
10. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	Provided: ☑ Thorough description of action plans	Information needed: ☐ Further description of action plans	☑ No recommendation or change needed	☐

Overall Commendations:

Nice detail describing the accomplishments and breadth of work that runs through the Office of Instruction.

Overall Recommendations:

Detail needed for 7B, how the Office of Instruction will measure its SAO's.

Overall Program Effectiveness:

- ☐ Highly effective
- ☐ Effective
- ☐ Needs program improvement

Approval Process is embedded in SPOL (Approval from APC and president)

Administrative Planning Committee Annual Program Plan/Review Assessment

Program Name: Office of Instruction	APC Member(s) Reviewers: Michelle Marquez

The purpose of this form is to provide feedback on the quality of the program review to the Program Review author(s)

Administrative Program Review	**Performance Level**			
	Commendations	**Recommendations**	**Comments**	**ACCJC Exemplary Check**
Executive Summary				
Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees.	Provides: ☑ Summary of strengths ☑ Summary of challenges ☐ Summary of action plans ☐ Thorough summary	Information needed: ☐ Summary of strengths ☐ Summary of challenges ☐ Summary of action plans ☐ Thorough summary		☐
Program Context				
1. Mission:				
2. Program Description	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Very thorough listing of the role of the Office of Instruction	☐
3. **Community and Labor Needs**: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program.	Provides: ☑ Community needs ☐ Employment needs ☐ Technology needs ☐ Licensing ☐ Accreditation ☑ Impact on program	Information needed: ☐ Community needs ☐ Employment needs ☐ Technology needs ☐ Licensing ☐ Accreditation ☐ Impact on program	☐ No recommendation or change needed ☐ Not applicable	☐
Looking Back				
4. Describe **major accomplishments**	Provides: ☑ Evidence ☑ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☑ Impact on students ☐ Efforts to make changes	A lot of overlap with Marketing PR What about all the accomplishments related to Title IX?	☐
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: ☐ Thorough description of new resources' impact on program ☐ Thorough description of impact on students ☐ Efforts to make changes ☐ Efforts to make changes	Information needed: ☐ Further description of new resources' impact on program ☐ Further description of impact on students ☐ Efforts to make changes	☑ Not Applicable	☐

Administrative 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: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☑ Impact on students ☑ Efforts to make changes	☐ No recommendation or change needed	☐
6B. State of Program—Evaluation: What changes could be implemented to improve your program?	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☑ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
7A. Service Area Outcomes (SAOs) Assessment Plan: Describe your program's SAO Assessment Plan.	Provides: ☑ Evidence ☐ Analysis ☐ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
7B. SAO Assessment Results and Impact: Summarize the findings of your program's SAO Assessments. What are some improvements that have been, or can be, implemented as a result of SAO assessment?	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
Looking Ahead (at SPOL Planning Module)				
8. 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.	Provided: ☑ Thorough description of action plans	Information needed: ☐ Further description of action plans	☐ No recommendation or change needed	☐
9. Personnel request: See SPOL for details	Not review by APC	Not review by APC	☐ No recommendation or change needed	☐
10. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	Provided: ☑ Thorough description of action plans	Information needed: ☐ Further description of action plans	☐ No recommendation or change needed	☐

			Item was also requested in marketing's PR, but for $300 (?)	

Overall Commendations:

Concise view of all the areas of responsibility within the Office of Instruction.

Overall Recommendations:

For future program review, incorporate student impact where appropriate.

Overall Program Effectiveness:

- ☐ Highly effective
- ☐ Effective
- ☐ Needs program improvement

Approval Process is embedded in SPOL (Approval from APC and president)

Administrative Planning Committee Annual Program Plan/Review Assessment

Program Name: Office of Instruction	APC Member(s) Reviewers: Tracy Huang

The purpose of this form is to provide feedback on the quality of the program review to the Program Review author(s)

Administrative Program Review	**Performance Level**			
	Commendations	**Recommendations**	**Comments**	**ACCJC Exemplary Check**
Executive Summary				
Please summarize your program's strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees.	Provides: ☐ Summary of strengths ☐ Summary of challenges ☐ Summary of action plans ☐ Thorough summary	Information needed: ☐ Summary of strengths ☐ Summary of challenges ☐ Summary of action plans ☐ Thorough summary	It's ok.	☐
Program Context				
1. Mission:				
2. Program Description	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	It's ok.	☐
3. **Community and Labor Needs**: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program.	Provides: ☐ Community needs ☐ Employment needs ☐ Technology needs ☐ Licensing ☐ Accreditation ☐ Impact on program	Information needed: ☑ Community needs ☑ Employment needs ☐ Technology needs ☐ Licensing ☑ Accreditation ☐ Impact on program	☐ No recommendation or change needed ☐ Not applicable	☐
Looking Back				
4. Describe **major accomplishments**	Provides: ☑ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☑ Evidence ☑ Analysis ☐ Impact on students ☐ Efforts to make changes	Tasks for VCC, branding and webpage seems to be goals for MCPR. What specific to Instruction's mission should efforts in these areas be targeted? What aspect of the webpage is Instruction trying to impact? E.g.,	☐

			traffic to schedule of classes, download of Catalog?	
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: ☐ Thorough description of new resources' impact on program ☐ Thorough description of impact on students ☐ Efforts to make changes ☐ Efforts to make changes	Information needed: ☐ Further description of new resources' impact on program ☐ Further description of impact on students ☐ Efforts to make changes	☑ Not Applicable	☐

Administrative 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: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☑ Evidence ☑ Analysis ☑ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
6B. State of Program—Evaluation: What changes could be implemented to improve your program?	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☑ Efforts to make changes	Information needed: ☑ Evidence ☑ Analysis ☐ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
7A. Service Area Outcomes (SAOs) Assessment Plan: Describe your program's SAO Assessment Plan.	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☑ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
7B. SAO Assessment Results and Impact: Summarize the findings of your program's SAO Assessments. What are some improvements that have been, or can be, implemented as a result of SAO assessment?	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	☐ No recommendation or change needed	☐
Looking Ahead (at SPOL Planning Module)				
8. 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.	Provided: ☑ Thorough description of action plans	Information needed: ☐ Further description of action plans	☐ No recommendation or change needed	☐
9. Personnel request: See SPOL for details	Not review by APC	Not review by APC	☐ No recommendation or change needed	☐
10. Equipment, technology, and facilities requests: Use this objective to request supplies, equipment, technology or facilities improvements.	Provided: ☐ Thorough description of action plans	Information needed: ☐ Further description of action plans	☐ No recommendation or change needed	☐

Overall Commendations:

Overall Recommendations:

The overall mission stated for of the Office of Instruction are “to ensure that students receive quality instruction in general, transfer, career, and basic skills education” and support to several faculty and instructional programs and committees. More information and analysis are needed to connect the several marketing and outreach efforts described and planned to how those efforts translate to quality of instruction and education for our students.

In State of the Program section, are there concrete examples that show how Instruction has increased transparency on campus? What evidence are there that show that Instruction is “team and customer-service oriented”? How are web updates “re-active” instead of “pro-active”? How is there inequities in staffing? How has the Office served or not served each instructional divisions due to the challenges listed?

Overall Program Effectiveness:

- ☐ Highly effective
- ☐ Effective
- ☐ Needs program improvement

Approval Process is embedded in SPOL (Approval from APC and president)