

## Program Review Feedback—Instructional Planning Committee (IPC)

|               |                |
|---------------|----------------|
| Program Name: | Division:      |
|               | Date Reviewed: |

| Program Review Sections & Standards   | Commendations  | Recommendations  | Comments   | ACCJC Exemplary Example  |
|---|--|--|--|--------------------------|
| <b>Program Context</b>  |  |  |  |                          |
| <b>1. Mission</b> - Share how your program contributes to the College or fits into the College's Mission. For example, what other academic programs and student/academic services does your program engage with? Examples of student/academic services include the Learning Center, Library, STEM Center, SparkPoint, Dream Center, etc. Another example, how does your program fit into any of the College's plans (such as Equity, Technology, Strategic Enrollment, etc.)? | <i>Provided:</i><br><input type="checkbox"/> Mission   | <i>Information Needed:</i><br><input type="checkbox"/> Mission   |  | <input type="checkbox"/> |
| <b>2. Articulation</b> - Are there changes in curriculum or degree requirements at high schools or 4-year institutions that may impact your program? If so, describe the changes and your efforts to accommodate them. If no changes have occurred, please write "no known changes."  | <i>Provided:</i><br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on program<br><input type="checkbox"/> Efforts to make changes   | <i>Information Needed:</i><br><input type="checkbox"/> Evidence<br><input type="checkbox"/> Analysis<br><input type="checkbox"/> Impact on program<br><input type="checkbox"/> Efforts to make changes   |  | <input type="checkbox"/> |
| <b>3. Community and Labor Needs</b> - Are there changes in community needs, employment needs, technology, licensing, or accreditation that may affect your program? If so, describe these changes and your efforts to accommodate them. If no changes have occurred, please write "no known changes". CTE programs: identify the dates of your most recent advisory group meeting and describe your advisory group's recommendations for your program.                        | <i>Provided:</i><br><input type="checkbox"/> Community needs<br><input type="checkbox"/> Employment needs<br><input type="checkbox"/> Technology needs<br><input type="checkbox"/> Licensing<br><input type="checkbox"/> Accreditation<br><input type="checkbox"/> Impact on program | <i>Information Needed:</i><br><input type="checkbox"/> Community needs<br><input type="checkbox"/> Employment needs<br><input type="checkbox"/> Technology needs<br><input type="checkbox"/> Licensing<br><input type="checkbox"/> Accreditation<br><input type="checkbox"/> Impact on program | <input type="checkbox"/> No recommendation or change needed<br><input type="checkbox"/> Not Applicable | <input type="checkbox"/> |

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| <b>Looking Back</b>  |   |   |  |                          |
| <b>4. Curricular Changes</b> - List any significant changes that have occurred over the prior years in your program's curricular offerings, scheduling, or mode of delivery. For decisions made by your department, explain the rationale for these changes. If applicable, how have state policy changes affected your curricular offerings?  | <i>Provided:</i><br><input type="checkbox"/> List of changes that occurred<br><input type="checkbox"/> Rationale for changes  | <i>Information Needed:</i><br><input type="checkbox"/> List of changes that occurred<br><input type="checkbox"/> Rationale for changes  | <input type="checkbox"/> No recommendation or change needed<br><input type="checkbox"/> Not Applicable | <input type="checkbox"/> |
| <b>5A. Progress Report—IPC Feedback</b> - Provide your responses to all recommendations received in your last program review cycle.  | <i>Provided:</i><br><input type="checkbox"/> Response to all Recommendations  | <i>Information Needed:</i><br><input type="checkbox"/> Further description of some or all recommendations   | <input type="checkbox"/> No recommendation or change needed<br><input type="checkbox"/> Not Applicable | <input type="checkbox"/> |
| <b>5B. Progress Report—Prior Action Plans</b> - Provide a summary of the progress you have made on the program goals identified in your last program review.   | <i>Provided:</i><br><input type="checkbox"/> Summary of progress  | <i>Information Needed:</i><br><input type="checkbox"/> Further description of summary of progress   | <input type="checkbox"/> No recommendation or change needed<br><input type="checkbox"/> Not Applicable | <input type="checkbox"/> |
| <b>6A. Impact of Resource Applications</b> - Describe the impact to date of previously requested new resources (assignment, equipment, facilities, research, funding) including both resource requests that were approved and not approved. What impact have these resources had on your program and measures of student success? What have you been unable to accomplish due to resource requests that were not approved? | <i>Provided:</i><br><input type="checkbox"/> Thorough description of new resources' impact on program.<br><input type="checkbox"/> Thorough description of impact on students<br><input type="checkbox"/> Any negative impacts due to lack of resources | <i>Information Needed:</i><br><input type="checkbox"/> Further description of new resources' impact on program.<br><input type="checkbox"/> Further description of impact on students<br><input type="checkbox"/> Any negative impacts due to lack of resources | <input type="checkbox"/> Not Applicable  | <input type="checkbox"/> |

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| <b>6B. Impact of Staffing Changes</b> - Describe the impact on your program of any changes in staffing levels (for example, the addition, loss or reassignment of faculty/staff). If no changes have occurred, please write "not applicable".  | <i>Provided:</i><br><input type="checkbox"/> Thorough description of staffing changes' impact on program  | <i>Information Needed:</i><br><input type="checkbox"/> Further description of staffing changes' impact on program  | <input type="checkbox"/> Not applicable | <input type="checkbox"/> |
| <b>Current State of the Program</b>  |   |  |   |                          |
| <b>7A. Enrollment Trends</b> - Use the data provided by PRIE to examine your enrollments by department or courses. Describe trends in headcount, FTES, and load. If applicable, describe any other enrollment data that is relevant to your program.   | <i>Provided:</i><br><input type="checkbox"/> Thorough description of trends in all identified areas<br><input type="checkbox"/> Quantitative evidence from data packets | <i>Information Needed:</i><br><input type="checkbox"/> Further description of trends in some or all identified areas<br><input type="checkbox"/> Quantitative evidence from data packets | <input type="checkbox"/> Not applicable | <input type="checkbox"/> |
| <b>7B. Significant Changes in Your Program</b> - Have there been any significant changes in enrollment trends or course offerings? For example, has there been a significant increase or drop in FTES or Load? If applicable, consider trends in class cancellation rates and how it might have affected your course offerings. If needed, consider how the pattern of course offerings (times/days/duration/delivery mode/number of sections) affected your enrollment? | <i>Provided:</i><br><input type="checkbox"/> Identified Changes<br><input type="checkbox"/> Discussed impact of changes made  | <i>Information Needed:</i><br><input type="checkbox"/> More information needed on identified changes and/or impacts based on changes made  | <input type="checkbox"/> Not applicable | <input type="checkbox"/> |

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| <p><b>7C. Planning for Your Program</b> - What changes could be implemented, including changes to course scheduling (times/days/duration/delivery mode/number of sections), curriculum, marketing, and articulation of pathways that might improve these trends? If applicable, include plans for faculty recruitment and faculty training.</p>   | <p><i>Provided:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Changes that could be implemented</li> </ul>   | <p><i>Information Needed:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Changes that could be implemented</li> </ul>  | <input type="checkbox"/> Not applicable  | <input type="checkbox"/> |
| <p><b>8A. Access &amp; Completion</b> - Describe the student completion and success rate in your courses and/or program using the data provided by PRIE. Look at your course offerings, in the last program review cycle was it possible for a student to complete your certificates or degrees while only completing courses at Cañada College? How can the college help you improve student completion and success? What changes could be made?</p> | <p><i>Provided:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Thorough description of student completion data (courses and/or program)</li> <li><input type="checkbox"/> Thorough description of student success rate data (courses and/or program)</li> <li><input type="checkbox"/> Described course offerings as they relate to certificate or degree completion</li> <li><input type="checkbox"/> Described how College can help improve student completion and success</li> <li><input type="checkbox"/> Identified changes that could be made</li> </ul> | <p><i>Information Needed:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Further description of student completion data (courses and/or program)</li> <li><input type="checkbox"/> Further description of student success rate data (courses and/or program)</li> <li><input type="checkbox"/> Description of course offerings as they relate to certificate or degree completion</li> <li><input type="checkbox"/> Description of how College can help improve student completion and success</li> <li><input type="checkbox"/> Changes that could be made</li> </ul> | <input type="checkbox"/> Not applicable  | <input type="checkbox"/> |
| <p><b>8B. Student Equity</b> - One of the goals of the College's Student Equity plan is to close the performance gaps for disproportionately impacted students. Use the data provided by PRIE that indicates which groups are experiencing a disproportionate impact in your program. Which gaps are most important for improving outcomes in your program? How can the college help you address these gaps? What changes could be made?</p>          | <p><i>Provided:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Gaps that are most important for improving program outcomes</li> <li><input type="checkbox"/> How the College can help address these gaps</li> <li><input type="checkbox"/> Changes that could be implemented</li> </ul>   | <p><i>Information Needed:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Gaps that are most important for improving program outcomes</li> <li><input type="checkbox"/> How the College can help address these gaps</li> <li><input type="checkbox"/> Changes that could be implemented</li> </ul>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> No recommendation or change needed</li> <li><input type="checkbox"/> Not applicable</li> </ul> | <input type="checkbox"/> |

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| <p><b>8C. Completion — Success Online</b> - The college has a goal of improving success in online courses. Using the data provided by PRIE, what significant gaps do you see in success between online/hybrid and non-online courses? What changes could be made to reduce these gaps? If your program does not offer online/hybrid courses, please write “not applicable”.</p> | <p><i>Provided:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Gaps in success between online/hybrid and non-online courses</li> <li><input type="checkbox"/> Changes that could be made to reduce gaps</li> </ul>  | <p><i>Information Needed:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Gaps in success between online/hybrid and non-online courses</li> <li><input type="checkbox"/> Changes that could be made to reduce gaps</li> </ul>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> No recommendation or change needed</li> <li><input type="checkbox"/> Not applicable</li> </ul> | <input type="checkbox"/> |
| <p><b>9A. SLO Assessment—Compliance</b> - Are all active courses being systematically assessed over a three-year cycle? Refer to the Program/Department’s <a href="#">Three-Year Assessment Plan</a> and describe how the plan is completed across sections and over time.</p>  | <p><i>Provided:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence that all active courses are systematically assessed over a 3-year cycle.</li> <li><input type="checkbox"/> Coordination of assessment across sections and time is thorough</li> </ul> | <p><i>Information Needed:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence that all active courses are being systematically assessed over a 3-year cycle.</li> <li><input type="checkbox"/> Further description of assessment across sections and time</li> </ul> |  | <input type="checkbox"/> |
| <p><b>9B. SLO Assessment – Impact</b> - Summarize the dialogue that has resulted from these course SLO assessments. What specific strategies have you implemented, or plan to implement, based upon the results of your SLO assessment?</p>   | <p><i>Provided:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Summary dialogue Strategies</li> <li><input type="checkbox"/> Implemented/plan to implement</li> </ul>   | <p><i>Information Needed:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Summary dialogue Strategies</li> <li><input type="checkbox"/> Implemented/plan to implement</li> </ul>  |  | <input type="checkbox"/> |

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| <p><b>10. PLO Assessment</b> - Describe your program's Program Learning Outcomes assessment plan using your Program/Department's <a href="#">Three Year Assessment Plan</a>. Summarize the major findings of your PLO assessments. What are some improvements that have been, or can be, implemented as a result of PLO assessment?</p> | <p><i>Provided:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Description of Program/Department's 3-Year assessment plan</li> <li><input type="checkbox"/> Summary of major findings</li> <li><input type="checkbox"/> Improvements that have been and/or can be implemented</li> </ul> | <p><i>Information Needed:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Description of Program/Department's 3-Year assessment plan</li> <li><input type="checkbox"/> Summary of major findings</li> <li><input type="checkbox"/> Improvements that have been and/or can be implemented</li> </ul> |          | <input type="checkbox"/> |

**Looking Ahead**

|   |  |  |   |                          |
|---|--|--|---|--------------------------|
| <p><b>11. Program Planning and Goals</b> - Complete this section in the Program Planning and Goals section of Improve. Based on your assessment of your program, create goals for program improvement and/or growth for the upcoming cycle. Consider things such as curriculum changes, employment trends, equity needs, equipment needs, future staffing and faculty needs, etc.</p> | <p><i>Provided:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> List of goals for program improvement and/or growth</li> </ul> | <p><i>Information Needed:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> List of goals for program improvement and/or growth</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> No recommendation or change needed</li> </ul> | <input type="checkbox"/> |
|---|--|--|---|--------------------------|

**Overall Commendations:**

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**Overall Program Effectiveness:**

- Highly Effective
- Effective
- Needs Program Improvement

