Student Services Program

What is Program Review?

Program review is a key element of integrated planning at VC. It provides programs with an opportunity for reflection and improvement. Programs analyze data on key metrics that are derived from the VC Educational Master Plan. Then, they identify successes and areas for improvement. They develop goals/initiatives for how they will improve, and if necessary, request resources that are necessary to meet those goals/initiatives.

What is not included in Program Review?

The following should not be requested through program review:

1. Day-to-day operational requests (e.g. routine maintenance requests, broken chairs, etc.).
2. Requests for ongoing, recurring expenses (e.g. requesting the same supplies that were purchased in previous years).
3. Requests that are not directly tied to VC's Educational Master Plan Goals.

Day-to-day and/or recurring maintenance and facilities requests should be made through the Facilities, Maintenance & Operations Department.

Day-to-day and/or recurring requests for supplies should be made through the program's Division budget, in consultation with the Division Dean/Manager.

Ventura College Educational Master Plan Goals

Goal 1: Continuously improve educational programs and services to meet student, community, and workforce development needs.

Goal 2: Provide students with information and access to diverse and comprehensive support services that lead to their success.

Goal 3: Partner with local and regional organizations to achieve mutual goals and strengthen the College, the community and the area's economic vitality.

Goal 4: Continuously enhance institutional operations and effectiveness.

Goal 5: Implement the Ventura College East Campus Educational Plan.

Section A – Service Usage and Student Demographics
Examine your service's usage and student demographic data.

1. How many total student contacts did your program have in the previous year?

Semester	Total Student Contacts
Summer 2015	
Fall 2015	
Spring 2016	
Total	

2. Briefly describe the trends in your service's usage data by semester, time of day, and day of the week (1,000 characters max).

3. Is there a difference between the percentage of students of each gender who used your service and in the college, as a whole?
   ☐ Yes ☐ No
4. Is there a difference between the percentage of students of each ethnicity who used your service and in the college, as a whole?
   ☐ Yes ☐ No
5. If you answered yes to question 3 or 4, briefly describe the differences, and the reason(s) for those differences (1,000 characters max).

Based on your data analysis above, enter 1-2 initiatives below that describe how your program will increase its student usage and/or close any student demographic gaps between your program and the college, as a whole.

Initiative	Data		Resources Needed to Meet Initiatives						
What will your program do to increase student usage and/or close any demographic gaps?	Which metric(s) will this initiative improve?	How many students will this initiative directly impact?	Do you need additional resources to meet this initiative?	If yes, what type of resources?	Brief description of resources needed	Cost Estimate	Source of Cost Estimate	Has this request been made in a prior year?	If yes, which year(s)?
	☐ Student usage ☐ Demographic gaps ☐ Six Success Factors ☐ SUO's		☐ Yes ☐ No	☐ Equipment ☐ Supplies ☐ Technology ☐ Facilities ☐ Professional Development ☐ Student Workers *Use page 13 for faculty/staff hiring requests*				☐ Yes ☐ No	
	☐ Student usage ☐ Demographic gaps ☐ Six Success Factors ☐ SUO's		☐ Yes ☐ No	☐ Equipment ☐ Supplies ☐ Technology ☐ Facilities ☐ Professional Development ☐ Student Workers *Use page 13 for faculty/staff hiring requests*				☐ Yes ☐ No	

Section B – Services Offered
Please describe the type of services that your program offers. It is not necessary to fill in every line of the table.

Service Offered (200 characters max per line)	Offered Face to Face (Day)	Offered Face to Face (Evening)	Offered Online	Estimated % of Students Served who Used this Service in the Past Year
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Section C – Six Success Factors

Please examine the Six Success Factors survey results for your service.

1. Which of the Six Success Factors received the highest score for your service?

    ☐ Directed   ☐ Focused   ☐ Nurtured   ☐ Connected   ☐ Valued

2. Which of the Six Success Factors received the lowest score for your service?

    ☐ Directed   ☐ Focused   ☐ Nurtured   ☐ Connected   ☐ Valued

3. Briefly describe any trends or interesting patterns in your service's survey results (1,000 characters max).

Based on your data analysis above, enter 1-2 initiatives below that describe how your program will improve upon the results of the Six Success Factors survey.

Initiative	Data		Resources Needed to Meet Initiatives							
What will your program do to improve upon the results of the Six Success Factors survey?	Which metric(s) will this initiative improve?	How many students will this initiative directly impact?	Do you need additional resources to meet this initiative?	If yes, what type of resources?	Brief description of resources needed	Cost Estimate	Source of Cost Estimate	Has this request been made in a prior year?	If yes, which year(s)?
	☐ Student usage ☐ Demographic gaps ☐ Six Success Factors ☐ SUO's		☐ Yes ☐ No	☐ Equipment ☐ Supplies ☐ Technology ☐ Facilities ☐ Professional Development ☐ Student Workers *Use page 13 for faculty/staff hiring requests*				☐ Yes ☐ No	
	☐ Student usage ☐ Demographic gaps ☐ Six Success Factors ☐ SUO's		☐ Yes ☐ No	☐ Equipment ☐ Supplies ☐ Technology ☐ Facilities ☐ Professional Development ☐ Student Workers *Use page 13 for faculty/staff hiring requests*				☐ Yes ☐ No	

Section D – Service Unit Outcomes

1. Please enter the following SUO information for your program.

Service Unit Outcome	Date/Semester of Most Recent Assessment	Brief Description of Assessment Results	Changes Made as Result of Assessment	Date/Semester of Next Assessment

2. How does your program facilitate the achievement of the college's ISUO's or ISLO's (1,000 characters max)

3. How many department/program meetings have you held in the previous year in which SUO's have been discussed?
    _____ meetings

Based on your data analysis above, enter 1-2 initiatives below that describe how your program will improve its SUO results.

Initiative	Data		Resources Needed to Meet Initiatives						
What will your program do to improve its SUO results?	Which metric(s) will this initiative improve?	How many students will this initiative directly impact?	Do you need additional resources to meet this initiative?	If yes, what type of resources?	Brief description of resources needed	Cost Estimate	Source of Cost Estimate	Has this request been made in a prior year?	If yes, which year(s)?
	☐ Student usage ☐ Demographic gaps ☐ Six Success Factors ☐ SUO's		☐ Yes ☐ No	☐ Equipment ☐ Supplies ☐ Technology ☐ Facilities ☐ Professional Development ☐ Student Workers *Use page 13 for faculty/staff hiring requests*				☐ Yes ☐ No	
	☐ Student usage ☐ Demographic gaps ☐ Six Success Factors ☐ SUO's		☐ Yes ☐ No	☐ Equipment ☐ Supplies ☐ Technology ☐ Facilities ☐ Professional Development ☐ Student Workers *Use page 13 for faculty/staff hiring requests*				☐ Yes ☐ No	

Section E - Previous Year Initiatives

Click here to view previous year initiatives.

Section F – 2016-2017 Program Initiative Prioritization

Initiatives from the sections above will automatically populate the table below. Please prioritize them to indicate which initiatives are the top priorities for your program.

	Initiative	Data		Resources Required to Meet Initiative						
Priority	What will your program do to improve student achievement and learning?	Which metric(s) will this initiative improve?	How many students will this initiative directly impact?	Do you need additional resources to meet this initiative?	If yes, what type of resources?	Brief description of resources needed	Cost Estimate	Source of Cost Estimate	Has this request been made in a prior year?	If yes, which year(s)?
		☐ Student usage ☐ Demographic gaps ☐ Six Success Factors ☐ SUO's		☐ Yes ☐ No	☐ Equipment ☐ Supplies ☐ Technology ☐ Facilities ☐ Professional Development ☐ Student Workers *Use page 13 for faculty/staff hiring requests*				☐ Yes ☐ No	
		☐ Student usage ☐ Demographic gaps ☐ Six Success Factors ☐ SUO's		☐ Yes ☐ No	☐ Equipment ☐ Supplies ☐ Technology ☐ Facilities ☐ Professional Development ☐ Student Workers *Use page 13 for faculty/staff hiring requests*				☐ Yes ☐ No	

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			☐ Student usage ☐ Demographic gaps ☐ Six Success Factors ☐ SUO's		☐ Yes ☐ No	☐ Equipment ☐ Supplies ☐ Technology ☐ Facilities ☐ Professional Development ☐ Student Workers *Use page 13 for faculty/staff hiring requests*				☐ Yes ☐ No	
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			☐ Student usage ☐ Demographic gaps ☐ Six Success Factors ☐ SUO's		☐ Yes ☐ No	☐ Equipment ☐ Supplies ☐ Technology ☐ Facilities ☐ Professional Development ☐ Student Workers *Use page 13 for faculty/staff hiring requests*				☐ Yes ☐ No	

Section G - Full-Time Faculty Hire Requests

Priority	Request Type	Discipline/Program	Brief Description	Has this position been requested in a past year?	If so, which year(s)?
1					
2					
3					
4					

Section H - Classified Hire Requests

Priority	Request Type	Position	Full-Time or Part-Time	Brief Description	Salary and Benefits Cost	Has this position been requested in a past year?	If so, which year(s)?
1							
2							
3							
4							

Section I – Process Assessment

How have the changes in the program review process this year worked for your area?

How would you improve the program review process based on this experience?

Appeals

After the program review process is complete, your program has the right to appeal the ranking of initiatives (i.e. initiatives that should have been ranked high but were not, initiatives that were ranked high but should not have been), the division's decision to support/not support program discontinuance, or the process (either within the department/program or the division) itself.

If you choose to appeal, please complete the Appeals form (Appendix E) that explains and supports your position. Forms are located at the Program Review VC website.

The appeal will be handled at the next higher level of the program review process.

Section J – Submission Verification

Preparer:

Dates met (include email discussions):

List of Faculty who participated in the program Review Process:

Preparer Verification:

_____

I verify that this program document was completed in accordance with the program review process.

Dean Verification:

_____

I verify that I have reviewed this program review document and find it complete. *The dean may also provide comments (optional):*