



**Section A – Operating Data**

1. Please enter the number of students that your program has served over the previous three years.

Year	Fall	Spring	Total
2012-2013	N/A	N/A	N/A
2013-2014	N/A	N/A	N/A
2014-2015	N/A	N/A	N/A

2. Is the number of students served by your program increasing, decreasing, or remaining constant?

- Select -

3. Describe the reason(s) for this trend (600 characters max).

4. Enter the number of students from each demographic group that your program served in the 2014-2015 academic year.

<b>Race/Ethnicity</b>	Number of Students Served in 2014-2015
Asian	N/A
Black	N/A
Hispanic	N/A
Native Amer	N/A
Pacific Islander	N/A
Two or More Races	N/A
Unknown	N/A
White	N/A
<b>Gender</b>	Number of Students Served in 2014-2015
Female	N/A
Male	N/A

5. Are you able to increase the number of students your program serves and/or serve more students from underrepresented groups?

- Select -



If yes, please create an initiative in Section F that describes how your program will do this, and what resources, if any, are necessary to achieve it.

6. If no, please describe why your program is unable to do this (600 characters max).

**Section B – Services Offered**

Please describe the type of services that your program offers.

Service Offered (100 characters max)	Offered Face to Face (Day)	Offered Face to Face (Evening)	Offered Online	% of Total Students Served who Used this Service in the Past Year
Data analysis and research	Yes	Yes	Yes	0.00%
Program Review oversight	Yes	Yes	Yes	0.00%
Equity Plan co-chair	Yes	Yes	Yes	0.00%
Accreditation support	Yes	Yes	Yes	0.00%
	- Select -	- Select -	- Select -	0.00%
	- Select -	- Select -	- Select -	0.00%
	- Select -	- Select -	- Select -	0.00%

1. Are you able to improve the quantity or quality of services that your program offers?  
 Yes

If yes, please create an initiative in Section F that describes how your program will do this, and what resources, if any, are necessary to achieve it.



2. If no, please describe why your program is unable to do this (600 characters max).

**Section C – Service Unit Outcomes**

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

1. How does your program facilitate the achievement of the college’s institutional student learning outcomes or institutional service unit outcomes? (600 characters max)

2. How many department/program meetings have you held in the previous year in which SUO’s have been discussed?  
00 meetings



3. Are you able to improve the service unit outcomes for your program (i.e. number of SUO's assessed, adherence to rotational plan, improved SUO assessment results, etc.)?

- Select -

If yes, please create an initiative in Section F that describes how your program will do this, and what resources, if any, are necessary to achieve it.

4. If no, please describe why your program is unable to do this (600 characters max).

**Section D – Program Staffing**

Please enter the following staffing information.

Type	Headcount	FTE
Full-Time Non-Instructional Faculty	1	1
Adjunct Non-Instructional Faculty		
Classified Staff	2	1.5
Unclassified Staff		

1. Describe any changes in the staffing levels in your program over the past three years, and if applicable, describe how these changes have impacted your program (600 characters max).



**Section E - Previous Year Initiatives**

Program	Funding Category	Initiative ID	Initiative Title	Initiative Description	Cost	Grants/ Categorical	College Funds	Program Priority	Division Priority	Committee Priority	College Priority	Funded	Status	Outcome
												- Select -	- Select -	
												- Select -	- Select -	
												- Select -	- Select -	
												- Select -	- Select -	



Section F – 2015-2016 Initiatives

Program	Initiative ID	Initiative Title	Initiative Description	Cost	Funding Source	Initiative Category	Educational Master Plan Goal	Expected Improvement	Program Priority	Division Priority	Committee Priority	College Priority
OIEE	IEE1601	Improve division technology	Increase the technological tools available to our division. Requesting to purchase a laptop for dean.	\$1200	College Funds	Computer	<input type="checkbox"/> Goal 1 <input type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input checked="" type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 5	<input type="checkbox"/> Enrollment <input type="checkbox"/> # Under-represented students <input checked="" type="checkbox"/> Quantity/ Quality of Services <input type="checkbox"/> Course Success Rate <input type="checkbox"/> Productivity/ Fill Rate <input type="checkbox"/> Close equity gaps	<input type="checkbox"/> Req <input checked="" type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input checked="" type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
OIEE	IEE1602	Increase technological tools available to classified staff in division	Purchase a laptop for division admin.	\$1200	College Funds	Computer	<input type="checkbox"/> Goal 1 <input type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input checked="" type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 5	<input type="checkbox"/> Enrollment <input type="checkbox"/> # Under-represented students <input checked="" type="checkbox"/> Quantity/ Quality of Services <input type="checkbox"/> Course Success Rate <input type="checkbox"/> Productivity/ Fill Rate <input type="checkbox"/> Close equity gaps	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input checked="" type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input checked="" type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low



2015-2016 Program Review  
Institutional Equity & Effectiveness

Program	Initiative ID	Initiative Title	Initiative Description	Cost	Funding Source	Initiative Category	Educational Master Plan Goal	Expected Improvement	Program Priority	Division Priority	Committee Priority	College Priority
OIEE	IEE1603	Improve SLO Tracdat operations	Purchase additional training to go along with upgraded version of Tracdat	\$1,000	College Funds	Other	<input checked="" type="checkbox"/> Goal 1 <input type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input checked="" type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 5	<input type="checkbox"/> Enrollment <input type="checkbox"/> # Under-represented students <input checked="" type="checkbox"/> Quantity/ Quality of Services <input checked="" type="checkbox"/> Course Success Rate <input type="checkbox"/> Productivity/ Fill Rate <input checked="" type="checkbox"/> Close equity gaps	<input type="checkbox"/> Req <input checked="" type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input checked="" type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
OIEE	IEE1604	Institutionalize administrative assistant	Move 50% of division's administrative assistant's salary/benefits from categorical to general funds	\$46,000	College Funds	Classified	<input checked="" type="checkbox"/> Goal 1 <input type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input checked="" type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 5	<input type="checkbox"/> Enrollment <input type="checkbox"/> # Under-represented students <input checked="" type="checkbox"/> Quantity/ Quality of Services <input type="checkbox"/> Course Success Rate <input type="checkbox"/> Productivity/ Fill Rate <input type="checkbox"/> Close equity gaps	<input type="checkbox"/> Req <input checked="" type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input checked="" type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low



2015-2016 Program Review  
Institutional Equity & Effectiveness

Program	Initiative ID	Initiative Title	Initiative Description	Cost	Funding Source	Initiative Category	Educational Master Plan Goal	Expected Improvement	Program Priority	Division Priority	Committee Priority	College Priority
OIEE	IEE1605	Improve survey operations	Purchase Scantron scanner for use in scanning paper surveys that are conducted on campus.	\$1,000	College Funds	Equipment	<input checked="" type="checkbox"/> Goal 1 <input type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input checked="" type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 5	<input type="checkbox"/> Enrollment <input type="checkbox"/> # Under-represented students <input checked="" type="checkbox"/> Quantity/ Quality of Services <input type="checkbox"/> Course Success Rate <input type="checkbox"/> Productivity/ Fill Rate <input type="checkbox"/> Close equity gaps	<input type="checkbox"/> Req <input checked="" type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input checked="" type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
					- Select -	- Select -	<input type="checkbox"/> Goal 1 <input type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 5	<input type="checkbox"/> Enrollment <input type="checkbox"/> # Under-represented students <input type="checkbox"/> Quantity/ Quality of Services <input type="checkbox"/> Course Success Rate <input type="checkbox"/> Productivity/ Fill Rate <input type="checkbox"/> Close equity gaps	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low





### **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 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 I – Submission Verification**

**Preparer:**

**Dates met (include email discussions):**

**List of Faculty/Staff 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/VP Verification:**

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



### APPEAL FORM

The program review appeals process is available to any faculty, staff, or administrator who feels strongly that the prioritization of initiatives (i.e. initiatives that were not ranked high but should have been, initiatives that were ranked high but should not have been), the decision to support or not support program discontinuance, or the process followed by the division should be reviewed by the College Planning Council.

Appeal submitted by: (name and program) \_\_\_\_\_

Date: \_\_\_\_\_

- Category for appeal:
- Faculty
  - Personnel – Other
  - Equipment- Computer
  - Equipment – Other
  - Facilities
  - Operating Budget
  - Program Discontinuance
  - Other (Please specify)

Briefly explain the process that was used to prioritize the initiative(s) being appealed:

Briefly explain the rationale for asking that the prioritization of an initiative/resource request be changed:

**Appeals will be heard by the College Planning Council. You will be notified of your time to present.**