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 | 520 | 370 | 890 | | | |
| 2013-2014 | 788 | 646 | 1434 | | | |
| 2014-2015 | 987 | 1008 | 1995 | | | |

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

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

In 2013-2014, the Testing Center was created as part of a shared space with the Reading & Writing Center. However, this arrangement reduced the service hours of the Reading & Writing Center and is being paid for out of Library funds.

Due to limited space, staffing, and funding, the Learning Resources Division is recommending that a Task Force be formed to recommend the best location/department alignment to continue and/or expand services provided by the Testing Center.

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

| | Number of Students | | | |
|-------------------|---------------------|--|--|--|
| Race/Ethnicity | Served in 2014-2015 | | | |
| Asian | NA | | | |
| Black | NA | | | |
| Hispanic | NA | | | |
| Native Amer | NA | | | |
| Pacific Islander | NA | | | |
| Two or More Races | NA | | | |
| Unknown | NA | | | |
| White | NA | | | |
| | Number of Students | | | |
| Gender | Served in 2014-2015 | | | |
| Female | NA | | | |
| Male | NA | | | |

Are you able to increase the number of students your program serves and/or serve more students from underrepresented groups?No 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.

| . If no, please describe why your program is unable to do this (600 characters max). |
|--|
| The Testing Center does not track demographic information. |
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<u>Section B – Services Offered</u>

Please describe the type of services that your program offers.

| | | | | % of Total Students |
|---|--------------|--------------|------------|---------------------|
| | Offered Face | Offered Face | | Served who Used |
| Service Offered | to Face | to Face | Offered | this Service in the |
| (100 characters max) | (Day) | (Evening) | Online | Past Year |
| Make-up Testing | Yes | Yes | No | 80.00% |
| Community/Distance Education Proctoring | Yes | Yes | No | 20.00% |
| | - Select - | - Select - | - Select - | 0.00% |
| | - Select - | - Select - | - Select - | 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? No

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.

| If no, please describe why your program is unable to do this (600 character | ters max | (). |
|---|----------|-----|
|---|----------|-----|

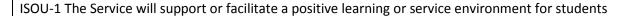
| The Testing Center Proctor resigned in Fall, 2015. It is currently being staffed by two interim provisional employees. | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
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<u>Section C – Service Unit Outcomes</u>

Please enter the following SUO information for your program.

| Service Unit Outcome | Date/Semester of Most | Brief Description of Assessment Results | Changes Made as Result of Assessment | Date/Semester of Next |
|-------------------------|-----------------------|---|---|---------------------------------------|
| | Recent Assessment | | | Assessment |
| PSUO-1 | NA | Students will be able to identify the Testing Center as a place to make-up missed exams. | NA | Scheduled Spring 2016 |
| PSUO-2 | NA | Students will find services provided in the Testing Center accessible and one that encourages student success | NA | Scheduled Spring 2016 |
| PSUO-3 | Spring 2012 | 97% of students found the Testing Center as a comfortable and distraction-free environment | Collect more qualitative data for students who said No. | Was not assessed in Spring 2014 |
| PSUO-4 | NA | Faculty will identify the Testing Center as compliant and one that handles examns with academic integrity meeting set testing standards | NA | Not assessed |

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



To facilitate a positive learning/service environment, the Learning Resources Division recommends a review of the mission and function of the Testing Center to determine how to provide faculty and students with more access and flexibility when scheduling needed services.

- How many department/program meetings have you held in the previous year in which SUO's have been discussed?
 00 meetings
- 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.)?
 No

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).

| Since the Proctor resigned | in Fall, 2015, it is unlikely significant progr | ess will be made until a |
|----------------------------|---|--------------------------|
| replacement is appointed, | or services are integrated into another de | partment. |

Section D - Program Staffing

Please enter the following staffing information.

| Туре | Headcount | FTE |
|-------------------------------------|-----------|-----|
| Full-Time Non-Instructional Faculty | | |
| Adjunct Non-Instructional Faculty | | |
| Classified Staff | 1 | 40% |
| 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).



| Make-up tests were originally proctored by the night administrator and provisional employees until a 40% permanent Proctor position was created three years ago. The Proctor resigned in Fall, 2015. |
|--|
| Two interim provisional employees are currently staffing the center. |
| |
| |
| |

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 |
|-----------------------|---------------------|---------------|------------------|---|--------|------------------------|------------------|---------------------|----------------------|-----------------------|---------------------|--------|-----------|---------|
| LRC-Testing Center | Staffing | TST1401 | Proctor | Increase Proctor position to 100% 12 months | 30,000 | | Х | Н | M | Н | Н | No | Pending | |
| LRC-Testing | Technolog y | TST1402 | Wireless | Increase wireless access | 500 | | Х | M | | | | Yes | Completed | |
| LRC-Testing | Facilities | TST1403 | Expansion | Expansion of services | 0 | | | Н | | | | N/A | Pending | |
| LRC-Testing | NA | TST1404 | Revenue | Increase revenue to offset costs | NA | | | L | | | | N/A | Ongoing | I |

Section F - 2015-2016 Initiatives

| Program | Initiative ID | Initiative Title | Initiative Description | Cost | Funding Source | Initiative Category | Educational Master Plan Goal | Expected | Program Priority | Division Priority | Committee Priority | College Priority |
|-------------|---------------|------------------|---|------|----------------|---------------------|---|--|------------------|-------------------|--------------------|------------------|
| LRC-Testing | TST1601 | Task Force | Create Task Force to determine future disposition of Testing services | 0 | None | Other | ⊠Goal 1 ⊠Goal 2 □Goal 3 ⊠Goal 4 □Goal 5 | ☐ Enrollment☐ # Under-represented students☐ Quantity/Quality of Services☐ Course Success Rate☐ Productivity/Fill Rate☐ Close equity gaps | Req High Med Low | Req High Med Low | Req High Med Low | Req High Low |
| | | | | | - Select - | - Select - | Goal 1 Goal 2 Goal 3 Goal 4 Goal 5 | Enrollment # Under- represented students Quantity/ Quality of Services Course Success Rate Productivity/ Fill Rate Close equity gaps | Req High Med Low | Req High Med Low | Req High Med Low | Req High Low |



| 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 |
|---------|---------------|------------------|------------------------|------|----------------|---------------------|------------------------------------|--|------------------|-------------------|--------------------|------------------|
| | | | | | - Select - | - Select - | Goal 1 Goal 2 Goal 3 Goal 4 Goal 5 | Enrollment # Under- represented students Quantity/ Quality of Services Course Success Rate Productivity/ Fill Rate Close equity gaps | Req High Med Low | Req High Med Low | Req High Med Low | Req High Med Low |
| | | | | | - Select - | - Select - | Goal 1 Goal 2 Goal 3 Goal 4 Goal 5 | Enrollment # Under- represented students Quantity/ Quality of Services Course Success Rate Productivity/ Fill Rate Close equity gaps | Req High Med Low | Req High Med Low | Req High Med Low | Req High Low |



| 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 |
|---------|---------------|------------------|------------------------|------|----------------|---------------------|------------------------------------|--|------------------|-------------------|--------------------|------------------|
| | | | | | - Select - | - Select - | Goal 1 Goal 2 Goal 3 Goal 4 Goal 5 | Enrollment # Under- represented students Quantity/ Quality of Services Course Success Rate Productivity/ Fill Rate Close equity gaps | Req High Med Low | Req High Med Low | Req High Med Low | Req High Med Low |
| | | | | | - Select - | - Select - | Goal 1 Goal 2 Goal 3 Goal 4 Goal 5 | Enrollment # Under- represented students Quantity/ Quality of Services Course Success Rate Productivity/ Fill Rate Close equity gaps | Req High Med Low | Req High Med Low | Req High Med Low | Req High 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

also provide comments (optional):

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?

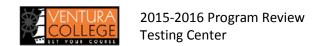
Appeals

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: |
| $oxed{\boxtimes}$ 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. <i>The dean/VP may</i> |



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 rational changed: | le for asking that the prioritization of an initiative/resource request be | | | | | |
| | | | | | | |
| | | | | | | |
| Appeals will be heard by | the College Planning Council. You will be notified of your time to present. | | | | | |