



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?

Remaining Constant

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

College Services does not currently track the students and employees served.

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

Race/Ethnicity	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
Gender	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?

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.

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
Bookstore	Yes	N/A	No	0.00%
College Services - Civic Center	N/A	N/A	No	0.00%
College Services - Administration	N/A	N/A	No	0.00%
Campus Police	Yes	Yes	No	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
N/A				

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

Service unit outcomes were not established. We may need to establish program reviews for each department in order to establish service unit outcomes.

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.)?

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.

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		
Adjunct Non-Instructional Faculty		
Classified Staff		
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
Help Insert FMO VCIT CLSV												- Select -	- Select -	
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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
College Services	CS1601	Evening/Weekend Attendant	An attendant to cover evenings and weekends for the college instead of an evening dean. Approx 25 hours a week. 12 month position	?	College Funds	Classified	<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
College Services	CS1602	Administrative Assistant	Administrative Assistant for Website. 40% or 60% - 12 month, depending on the needs of the institution.	?	College Funds	Classified	<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



2015-2016 Program Review
College Services

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
College Services	CS1603	Communications Assistant	Increase current position to 12 months 100% to support the needs of the institution.	?	College Funds	Classified	<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
College Services	CS1604	Fiscal Tech	Fiscal Tech to support all the grants and new initiatives (ABEG, SSSP, Equity, etc). 100% 12 month	?	Grant	Grants	<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



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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?

Easier document.

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

Spreadsheet transfer (20+ steps) confusing.

Data for departments in college services needs to be addressed.

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: Tim Harrison

Dates met (include email discussions):

9/24/2015, 10/19/2015, 10/22/2015, 10/28/2015, 11/2/2015

List of Faculty/Staff who participated in the program Review Process:

Greg Gillespie, Maureen Jacobs, Jay Moore, Grant Jones, Eloisa Limon, Jeanine Day, Olivia Long

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.