



**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?

Increasing

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

The program had a soft launch in the 2014-2015 year, but did not collect data throughout the academic year, including student numbers. We are in the official first year of the program, and expect numbers to increase to at least 300 due to outreach, and channeling VC promise students into the the program for the 2016-2017 academic.

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?

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).

N/A
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**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
Outreach	Yes	Yes	Yes	0.00%
Assessment	Yes	Yes	No	0.00%
Extended Orientation	Yes	No	No	0.00%
Counseling: Abr. & Comp. Ed Plan	Yes	No	No	0.00%
Follow-up: MBTI, career counseling, progress reports	Yes	No	Yes	0.00%
Campus and community engagement	Yes	Yes	N/A	0.00%
Events/Workshops (University Tours)	Yes	Yes	N/A	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
This service will support or facilitate a positive learning or service environment for students	08/10/15-08/13/15	This is the first year of FYE program review and survey results are being drafted.	N/A	July 2016
FYE student will demonstrate competence in academic and career selection	Fall 2015	Currently there are no results for this SUO due to this being the first year of FYE program review.	N/A	Fall 2016 - Spring 2017
FYE student will demonstrate increased motivation, persistence, and enhanced academic performance leading to the completion of educational goal	Fall 2015	This is the first year of program review for FYE . No assessment results are available for this SUO.	N/A	Fall 2016

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



The goal of FYE is to introduce new students to the expectations of higher education. FYE students will connect with campus resources designed to promote academic retention and success. FYE students will learn how to make informed decisions about their educational and career goals. Students will learn to engage in the college experience, develop critical thinking skills to enhance academic success, and plan for a successful future at VC and beyond.

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).

N/A

**Section D – Program Staffing**

Please enter the following staffing information.

Type	Headcount	FTE
Full-Time Non-Instructional Faculty	2	100%
Adjunct Non-Instructional Faculty	0	0
Classified Staff	1	100%
Unclassified Staff	0	0

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).



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Not applicable



**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
N/A												- Select -	- Select -	
												- Select -	- Select -	
												- Select -	- Select -	
												- 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
FYE	FYE1602	Classified Student Services Assistant I	Classified staff needed to help with administrative program duties including : front office counter coverage , handles P.O. and requisitions, office ordering, maintian student files	50,000	Categorical	Classified	<input checked="" type="checkbox"/> Goal 1 <input checked="" type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input checked="" type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 5	<input checked="" type="checkbox"/> Enrollment <input type="checkbox"/> # Under-represented students <input checked="" type="checkbox"/> Quantity/ Quality of Services <input type="checkbox"/> Course Success Rate <input checked="" type="checkbox"/> Productivity/ Fill Rate <input type="checkbox"/> Close equity gaps	<input checked="" 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	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
FYE	FYE1602	Fulltime Counselor	Quantity of students in the program increases the need for counselors to meet students needs	60,000 - 70,000	Categorical	Faculty	<input checked="" type="checkbox"/> Goal 1 <input checked="" type="checkbox"/> Goal 2 <input checked="" type="checkbox"/> Goal 3 <input checked="" type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 5	<input checked="" type="checkbox"/> Enrollment <input type="checkbox"/> # Under-represented students <input checked="" type="checkbox"/> Quantity/ Quality of Services <input type="checkbox"/> Course Success Rate <input checked="" type="checkbox"/> Productivity/ Fill Rate <input checked="" type="checkbox"/> Close equity gaps	<input checked="" 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	<input type="checkbox"/> Req <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low



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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
FYE	FYE1601	New office space	Due to upscaling of program and student numbers we will need larger office space for staff and counselors	0	Categorical	Facilities	<input checked="" type="checkbox"/> Goal 1 <input checked="" type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input checked="" type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 5	<input checked="" type="checkbox"/> Enrollment <input checked="" type="checkbox"/> # Under-represented students <input checked="" type="checkbox"/> Quantity/ Quality of Services <input type="checkbox"/> Course Success Rate <input checked="" 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 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
FYE	FYE1601	Copier w/ scanner, fax, colored copies	Need copier with scanning and faxing capabilities to conduct necessary office business	unknown	Categorical	Equipment	<input type="checkbox"/> Goal 1 <input checked="" 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 checked="" type="checkbox"/> Productivity/ Fill Rate <input type="checkbox"/> Close equity gaps	<input type="checkbox"/> Req <input type="checkbox"/> High <input checked="" 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





2015-2016 Program Review  
Freshmen Year Experience (FYE)

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
FYE	FYE1601	Low or glarefree lighting fixtures and air purifiers	Used to create a healthy work space environment for staff and students while utilizing computers or other technical devices	100	Categorical	Facilities	<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 checked="" 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 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
FYE	FYE1601	Early registration for FYE students	Research has proven this to be the most impactful resouces for students to follow thourgh with perscribe FYE services.	0	Categorical	Other	<input checked="" type="checkbox"/> Goal 1 <input checked="" type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 5	<input checked="" type="checkbox"/> Enrollment <input checked="" 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 checked="" 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	<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.**