



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

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).

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.

Race/Ethnicity	Number of Students 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
Gender	Number of Students Served in 2014-2015
Female	NA
Male	NA

5. 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.

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

The Testing Center does not track demographic information.

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
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.



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

The Testing Center Proctor resigned in Fall, 2015. It is currently being staffed by two interim provisional employees.

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
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)



ISOU-1 The Service will support or facilitate a positive learning or service environment for students

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.

- 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 progress will be made until a replacement is appointed, or services are integrated into another department.

Section D – Program Staffing

Please enter the following staffing information.

Type	Headcount	FTE
Full-Time Non-Instructional Faculty		
Adjunct Non-Instructional Faculty		
Classified Staff	1	40%
Unclassified Staff		

- 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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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		X	H	M	H	H	No	Pending	
LRC-Testing	Technology	TST1402	Wireless	Increase wireless access	500		X	M				Yes	Completed	
LRC-Testing	Facilities	TST1403	Expansion	Expansion of services	0			H				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 Improvement	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	<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 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 type="checkbox"/> Close equity gaps	<input checked="" 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
					- 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



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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?

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.