



**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			11,000
2013-2014			25,000
2014-2015			32,505

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).

Since fall 2013, a full-time counselor has been reassigned 100% to coordinate the Transfer Center. This has allowed for an increase of time dedicated to develop, plan, collaborate with other student service areas and faculty. Various activities and events have been coordinated to provide students at Ventura College opportunities to learn about their university and college options. In addition, as the cost to attend a university/college increases, many eligible high school students have selected to attend Ventura College instead, thus creating an increase for transfer services.

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	
Black	
Hispanic	
Native Amer	
Pacific Islander	
Two or More Races	
Unknown	
White	
Gender	Number of Students Served in 2014-2015
Female	
Male	

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
Transfer Counseling Appointments	Yes	Yes	Yes	0.00%
Career & Major Talks	Yes	Yes	No	0.00%
University Tours	Yes	No	No	0.00%
University Representative Visits	Yes	Yes	No	0.00%
University/College Fair	Yes	No	No	0.00%
Classroom Presentations	Yes	Yes	No	0.00%
Flex Workshops for staff & faculty	Yes	No	No	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
After completion of a Learn How To Transfer Workshop, student will be able to identify the types of transfer General Education Patterns available.	Fall 2013	Only 19% of students were able to identify the types of GE patterns before completing workshop. After completion of workshop, 100% of students identified IGETC and CSU-GE.	Creation of handout made available to all students. Posted IGETC and CSU on Transfer Center Website.	Spring 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 Transfer Center offers various workshops. One in particular is the "Learn How To Transfer To A University" and it was suggested by the counseling department to explain to students the complex requirements to transfer. A Pre and Post test was created to measure students understanding of the requirements. As students signed in for the workshop, they were provided a pre-test and it was collected. Towards the end of the workshop, students were given another post test. The pre and post tests were evaluated to measure what information was learned after the completion of the workshop.

2. How many department/program meetings have you held in the previous year in which SUO's have been discussed?  
24 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	1	
Adjunct Non-Instructional Faculty	.5	
Classified Staff	2	
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).



2015-2016 Program Review  
Transfer Center

Spring 2015, our sole classified staff was increased from .80 to 1.0. In October 2015, we hired a 12 month full-time Counselor Assistant. This change in staffing is significant, as the center now is operational twelve months a year. We need to increase counseling services and coordinate activities year round in the center. This will allow for more services offered to students. We now need to plan and implement a 12 month program of full-services. Universities are now accepting applications from students in Winter, Spring, and summer in addition to fall semesters.



**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
Transfer Center	Faculty	TC 1202	Hire Full Time Counselor	Increase services to transfer students	120,000		120,000	H	L	L	L	No	Ongoing	
Transfer Center	Computer	TRCR002	Upgrade 30 computers	Need functional computers for SSSP activities	30,000		-	H	H	H	H	Yes	Completed	
Transfer Center	Equipment	TRCR005	2 Smart Dry Erase Boards 7' x 4'	Need functional area to write on during workshops	5,000		5,000	H	H	H	H	No	Ongoing	
Transfer Center	Equipment	TRCR008	Counselor Tables Extension	2 extension tables needed for counselor offices	12,000		12,000	H	H	H	H	No	Pending	
Transfer Center	Equipment	TRCR006	Electrical Scroll Message Board	Need to advertise activities in the SSC Center	10,000		10,000	H	M	M	M	No	Ongoing	
Transfer Center	Equipment	TRCR012	Window Decals	Career and Major related theme	2,000		2,000	H	M	M	M	No	Ongoing	
Transfer Center	Equipment	TRCR011	Digital Voice Amplifier	4 digital voice amplifier \$152/ea.	608		608	H	L	L	L	No	Pending	
Transfer Center	Grants	TC 1202	Hire Adjunct Counseling	Increase services to	40,000	40,000	-	H	L			Yes	Pending	





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
Transfer Center	TC1601	Transfer Center Counselor/Coordinator	Tenure track full-time position needed	\$100K	College Funds	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 checked="" 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 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
Transfer Center	TC1602	Transfer Achievement Program Counselor	Tenure track full time Counselor	\$100k	Grant	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 checked="" 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 checked="" type="checkbox"/> Course Success Rate <input type="checkbox"/> Productivity/Fill Rate <input checked="" 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



2015-2016 Program Review  
Transfer Center

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
Transfer Center	TC1603	Part-time counselors	Need hourly counselors to provide transfer counseling services in center in evening and in summers	\$72K	Categorical	Other	<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 checked="" 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 checked="" 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
					- 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



2015-2016 Program Review  
Transfer Center

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					- 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.**