

Los Angeles Southwest College

Non-Instruction Program Review

2010-2011

Department/Unit: _____

Initiator: _____

Reviewer 1: _____

Reviewer 2: _____

Date Program Review was completed: _____

Instructions:

- Please answer all relevant areas as thoroughly as possible.
- **IF A PARTICULAR MODULE OR QUESTION DOES NOT APPLY PLEASE INDICATE BY WRITING IN LARGE CAPITAL LETTERS: "NA"**
- The initiator should collaborate with as many department/unit members as possible while completing the review.
- Reviewers should give as much feedback as necessary.

NOTE:

1. A minimum of three (3) objectives should be developed.
2. Timelines for completion should be strictly followed.

WE THE UNDERSIGNED CERTIFY WE HAVE READ THIS PROGRAM REVIEW AND ACCEPT IT AS ADEQUATE AND COMPLETE.

Program Department/Unit Manager/Supervisor

Date

Vice-President

Date

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Module One: Response to Demand

| | |
|--|--|
| Name of Department/Unit | |
| Dept./Unit Chair/Head | |
| Dept./Program function & purpose as it relates to the mission of the college | |
| Client(s) served | |

Students Served (Past 3 yrs.)

| | 2007-2008 | 2008-2009 | 2009-2010 |
|------------------------------------|-----------|-----------|-----------|
| Weekday | | | |
| Weekend | | | |
| Any observed changes and/or trends | | | |

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Student Feedback (Past 3 yrs.)

| | 2007-2008 | 2008-2009 | 2009-2010 |
|---|-----------|-----------|-----------|
| Number of Point-of-Service Surveys returned from students | | | |
| Number of students who participated in focus groups | | | |
| Number of students who participated in interviews | | | |
| Number of students who participated in other activities in which students provided feedback to your department/unit | | | |
| Feedback from campus-wide surveys pertaining or overlapping with your department/unit (provided by Institutional Research) | | | |
| Describe the results of the data accumulated in the above methods. | | | |
| <p>Note: If a particular method was not used or data is unavailable for a particular academic year indicate by marking the box (NA)</p> | | | |

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Significant Relationships with other Departments/Units

| Department/Unit | Description of Relationship |
|-----------------|-----------------------------|
| | |
| | |
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Describe the trend in the number of students served, student feedback, and changes in relationship to other departments. *Given the data, what are the implications for your program?*

Objective for Module One

Write an objective, if applicable, to address the identified trends.

| | |
|------------------------|--|
| Objective | |
| Planned Activities | |
| Individual Responsible | |
| Start Date | |
| Method of Evaluation | |

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Module Two: Demographics

2.1 Ethnicity

| Ethnicity | 2007-2008 | 2008-2009 | 2009-2010 |
|------------------------|------------------|------------------|------------------|
| Asian | | | |
| Black/African American | | | |
| Hispanic | | | |
| Native American | | | |
| Pacific Islander | | | |
| Caucasian/White | | | |
| Other/Unknown | | | |

2.2 Age

| Age Group | 2007-2008 | 2008-2009 | 2009-2010 |
|------------------|------------------|------------------|------------------|
| 19 and under | | | |
| 20-29 | | | |
| 30-39 | | | |
| 40-49 | | | |
| 50+ | | | |
| Unknown | | | |

2.3 Gender

| Gender | 2007-2008 | 2008-2009 | 2009-2010 |
|---------------|------------------|------------------|------------------|
| Female | | | |
| Male | | | |
| Unknown | | | |

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Describe the trends ethnicity, age, and gender. *Given the data, what are the implications for your program?*

| |
|--|
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Objective for Module Two

Write an objective, if applicable, to address the identified trends.

| | |
|------------------------|--|
| Objective | |
| Planned Activities | |
| Individual Responsible | |
| Start Date | |
| Method of Evaluation | |

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Module Three: Program Resources

3.1 Physical Facilities

Discuss any needs in facilities, equipment, and/or supplies to support program goals. If requesting additional support, develop an objective.

3.2 Full-time and Part-time Equivalent Personnel (FTEP)

| | 2007-2008 | 2008-2009 | 2009-2010 |
|-----------------|-----------|-----------|-----------|
| Full-time FTEP | | | |
| Part-time FTEP | | | |
| FTEP - Combined | | | |

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3.3 Professional and Staff Development Activities & Achievements

List the name and position of each staff member in the department/unit. Mark all professional development activities engaged in by each staff member in your program this past year.

| Name and Position | Activities (Mark all that apply) | Comments (Optional) |
|-------------------|--|---------------------|
| | <input type="checkbox"/> Conferences <input type="checkbox"/> Off-Campus Presentations <input type="checkbox"/> Publications <input type="checkbox"/> Grants <input type="checkbox"/> On-Campus Presentations <input type="checkbox"/> Other | |
| | <input type="checkbox"/> Conferences <input type="checkbox"/> Off-Campus Presentations <input type="checkbox"/> Publications <input type="checkbox"/> Grants <input type="checkbox"/> On-Campus Presentations <input type="checkbox"/> Other | |
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Discuss how the staffing trends impact the program. *Include any need for increasing or reducing program personnel.*

Objective for Module Three

Write an objective, if applicable, to address the identified trends.

| | |
|------------------------|--|
| Objective | |
| Planned Activities | |
| Individual Responsible | |
| Start Date | |
| Method of Evaluation | |

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Module Four: Student Learning Outcomes (SLOs)

4.1 Student Learning Outcomes (SLOs)

“Student learning outcomes are properly defined in terms of the knowledge, skills, and abilities that a student has attained at the end (or as a result) of his or her engagement in a particular set of higher education experiences.” (From the Council for Higher Education Accreditation (CHEA) September 2003). The 2002 Accreditation Standards were revised to focus on what students have learned as a result of attending college. These are referred to as Student Learning Outcomes or SLOs. The LASC Academic Senate has initiated a process to address this new focus on our campus. Please answer the following questions:

1. List the training for developing SLOs in which personnel in your area have participated, including names of those who attended.

List Any SLOs That Have Been Developed For Your Program

| Date Implemented | SLOs | What is the Measurement Used? | Outcome | Use of Outcome for Program Improvement | Date Completed |
|------------------|------|-------------------------------|---------|--|----------------|
| | | | | | |
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Objective for Module Four

Write an objective, if applicable, to address future plans to develop, to assess, and/or to improve Student Learning Outcomes.

| | |
|------------------------|--|
| Objective | |
| Planned Activities | |
| Individual Responsible | |
| Start Date | |
| Method of Evaluation | |

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Module Five: SWOC

1. Based on your program review, summarize:

- 1. Program **S**trengths:

- 2. Program **W**eaknesses:

- 3. Program **O**pportunities:

- 4. Program **C**hallenges:

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Module Six: Previous Year's Objectives (Most Recent)

List each of the previous year's objectives with rank, its current status, and outcome.

| Rank | Objective | Status Completed = C In Progress = IP Not Implemented = NI | Outcome If "C" evaluate the result If "IP" evaluate the status and plans for continuation of the objective If "NI" state whether the objective will be pushed to the next year or dropped entirely and the rationale behind the decision |
|------|-----------|--|--|
| | | | |
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Module Seven: 2011-2012 Objectives

NOTE: These objectives are for the budgeting year 2011-2012 not 2010-2011

Rank and list all objectives which have been developed in this program review.

| Rank | Objective | Planned Activities | Individual Responsible | Start Dates | End Dates |
|------|-----------|--------------------|------------------------|-------------|-----------|
| | | | | | |
| | | | | | |
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Module Eight: Resource Priority Request for 2011-2012

NOTE: These resource requests are for the budgeting year 2011-2012 not 2010-2011

Note: All resources requests must be linked to a program objective.

| Rank | Resources Requested | Quantity | Program Objective Number which Relates to this Request | Rationale for the Request | Anticipated Total Cost |
|------|---------------------|----------|--|---------------------------|------------------------|
| | | | | | |
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Program Summary

| Module | Element | Trend | Program Objective (Yes or No) |
|---------------|--|--------------|--------------------------------------|
| 1 | Response to Demand | | |
| 2.1 | Ethnicity | | |
| 2.2 | Age | | |
| 2.3 | Gender | | |
| 3.1 | Physical Facilities | | |
| 3.2 | FTEP: Full-time to Part-time | | |
| 3.3 | Professional and Staff Development Activities and Achievements | | |
| 4.1 | SLOs | | |

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- 1. Include any special program accomplishments or achievements.**

- 2. Discuss anything else you would like to share about your program that has not been previously addressed.**

- 3. List a minimum of (3) recommendations for improving the program you would like to see implemented in 2011-2012.**