Program Review Part 1B
Program Review Part II
2018-2019

Instructions: Please submit your completed Program Review forms by Wednesday, May 22nd. If you need technical assistance, please contact Minerva Flores at mflores@mendocino.edu or x3011. For further questions, please contact Debra Polak at x3068.

PROGRAM TITLE:	
PROGRAM CONTACT:	
***COMPLETING PART II OF PROGRAM REVIEW:**	
SUPERVISOR/DEAN:	
VICE-PRESIDENT:	
DATE OF REPORT:	

- **All programs and departments** are required to complete **Part IB**.

- **Only programs and departments in GROUP A are required to complete Part II** for the 2018-2019 program review.

- **GROUP A: PART II – INSTRUCTIONAL** Art, Clothing, Computer Science, PE- Adaptive, PE- Fitness, PE-Sport, Kinesiology, Health, Nursing

- **GROUP A: PART II - NON-INSTRUCTIONAL:** Financial Aid, Vice-President of Student Services, Library, Information Technology and **ALL** Student Services Programs

Part 1B. A. 5-Year Equipment Cycle Requests	

What qualifies as Equipment?	➡	1. Lasts more than 1 year 2. Needs to be repaired 3. Is an independent unit 4. Overall cost is over $500.00

🚫 **NO** - *If you have answered <u>NO</u>, your item is a SUPPLY and you <u>do not need to fill out this form</u>. Please refer to the 4's and 5's request and forward to your supervisor.*

⭕ **YES** - *If you answered <u>YES</u>, your item is <u>EQUIPMENT and you will need to fill out the following grid</u>. Please refer to the following spreadsheet <u>https://www.mendocino.edu/college/institutional-research/additional-resources</u> (click on <mark>5 Year Equipment Plan Worksheet</mark>).*

⭐ *Please Note: Since this is a rolling plan, last year's "Year Two" requests should now become "Year One." You may also add new requests which were not included in last year's Program Review.*

⭐ <mark>*Requests that are intended for employee use <u>(non-instructional),</u> please use the Information Technology Request* </mark>*form*

Please provide cost information, even if they are estimates.
Equipment requests without cost information will not be considered.

	5 – Year Equipment Cycle Requests Year 1						
Equipment Category	Rationale/Objective	Life Span	Cost Including Tax S/H	Installation Cost	Annual Maintenance Cost	Total	Instructional or Non-Instructional

	5 – Year Equipment Cycle Requests Year 2						
Equipment Category	Rationale/Objective	Life Span	Cost Including Tax S/H	Installation Cost	Annual Maintenance Cost	Total	Instructional or Non-Instructional

	5 – Year Equipment Cycle Requests Year 3						
Equipment Category	Rationale/Objective	Life Span	Cost Including Tax S/H	Installation Cost	Annual Maintenance Cost	Total	Instructional or Non-Instructional

	5 – Year Equipment Cycle Requests Year 4						
Equipment Category	Rationale/Objective	Life Span	Cost Including Tax S/H	Installation Cost	Annual Maintenance Cost	Total	Instructional or Non-Instructional

	5 – Year Equipment Cycle Requests Year 5						
Equipment Category	**Rationale/Objective**	**Life Span**	**Cost Including Tax S/H**	**Installation Cost**	**Annual Maintenance Cost**	**Total**	**Instructional or Non-Instructional**

Part IB B. Information Technology Requests

If no requests are to be made, click here		Program/ Department:	
Request #1:			
Is this New or a Replacement?			
What is your IT request?			
Is this request critical to your area or department?			
How does this request relate to the Mendocino College Mission?			
How does this request relate to the Mendocino College Vision?			
How does this request relate to Mendocino College's Strategic Goals?			
How does this request support your department/area SLO/SAO's?			
Does this request support a state and/or federal Mandate?			
Additional Comments			
Request #2:			
Is this New or a Replacement?			
What is your IT request?			
Is this request critical to your area or department?			
How does this request relate to the Mendocino College Mission?			
How does this request relate to the Mendocino College Vision?			
How does this request relate to Mendocino College's Strategic Goals?			
How does this request support your department/area SLO/SAO's?			
Does this request support a state and/or federal Mandate?			
Additional Comments			

Request #3:

Is this New or a Replacement?	
What is your IT request?	
Is this request critical to your area or department?	9	P a g e
How does this request relate to the Mendocino College Mission?	
How does this request relate to the Mendocino College Vision?	
How does this request relate to Mendocino College's Strategic Goals?	
How does this request support your department/area SLO/SAO's?	
Does this request support a state and/or federal Mandate?	
Additional Comments	

Request #4:

Is this New or a Replacement?	
What is your IT request?	
Is this request critical to your area or department?	
How does this request relate to the Mendocino College Mission?	
How does this request relate to the Mendocino College Vision?	
How does this request relate to Mendocino College's Strategic Goals?	
How does this request support your department/area SLO/SAO's?	
Does this request support a state and/or federal Mandate?	
Additional Comments	

Part IB C. Facility Requests			
If no requests are to be made, click here		**Program or Department:**	
	Request#1:		
What are your Facility Needs? Please Describe		10 | P a g e	
Do you have any safety needs with this request? Please Describe			
Does this request involve serving more students? Please Describe			
Are you experiencing, or expecting, growth in your area or department? Please Describe			
Is this request essential to your department or program operations? Please Describe			
How does this request relate to Mendocino College's Mission?			
How does this request relate to Mendocino College's Strategic Goals?			
Does this request contribute to the achievement of your program or department's SLO/SAO's? Please Describe			
Does this request involve ADA compliance? Please Describe			

Request#2:	
What are your Facility Needs? Please Describe	
Do you have any safety needs with this request? Please Describe	
Does this request involve serving more students? Please Describe	
Are you experiencing, or expecting, growth in your area or department? Please Describe	
Is this request essential to your department or program operations? Please Describe	
How does this request relate to Mendocino College's Mission?	
How does this request relate to Mendocino College's Strategic Goals?	
Does this request contribute to the achievement of your program or department's SLO/SAO's? Please Describe	
Does this request involve ADA compliance? Please Describe	

Request#3:	
What are your Facility Needs? Please Describe	
Do you have any safety needs with this request? Please Describe	
Does this request involve serving more students? Please Describe	
Are you experiencing, or expecting, growth in your area or department? Please Describe	
Is this request essential to your department or program operations? Please Describe	
How does this request relate to Mendocino College's Mission**?**	
How does this request relate to Mendocino College's Strategic Goals**?**	
Does this request contribute to the achievement of your program or department's SLO/SAO's? **Please Describe**	
Does this request involve ADA compliance? Please Describe	

Request#4:	
What are your Facility Needs? Please Describe	
Do you have any safety needs with this request? Please Describe	
Does this request involve serving more students? Please Describe	
Are you experiencing, or expecting, growth in your area or department? Please Describe	
Is this request essential to your department or program operations? Please Describe	
How does this request relate to Mendocino College's Mission**?**	
How does this request relate to Mendocino College's Strategic Goals**?**	
Does this request contribute to the achievement of your program or department's SLO/SAO's? **Please Describe**	
Does this request involve ADA compliance? Please Describe	

Part IB D. PROFESSIONAL DEVELOPMENT REQUESTS

If no requests are to be made, click here		Program or Department:	

List the departmental requirements/plans for professional development not included in your normal budget. These requests will be considered for the 2018-2019 academic year

Request#1:

What is the professional development request?	
Who will attend?	
What are the dates?	
How does this request relate to the Mendocino College's Mission?	
How does this request relate to the Mendocino College's Vision?	
How does this request relate to the Mendocino College's Strategic Goals?	
How does this request contribute to the achievement of SLO/SAO's?	
Estimated total:	

Request#2:	
What is the professional development request?	15 | P a g e
Who will attend?	
What are the dates?	
How does this request relate to the Mendocino College's Mission?	
How does this request relate to the Mendocino College's Vision?	
How does this request relate to the Mendocino College's Strategic Goals?	
How does this request contribute to the achievement of SLO/SAO's?	
Estimated total:	

Request#3:	
What is the professional development request?	16 | P a g e
Who will attend?	
What are the dates?	
How does this request relate to the Mendocino College's Mission?	
How does this request relate to the Mendocino College's Vision?	
How does this request relate to the Mendocino College's Strategic Goals?	
How does this request contribute to the achievement of SLO/SAO's?	
Estimated total:	

Request#4:	
What is the professional development request?	17 | P a g e
Who will attend?	
What are the dates?	
How does this request relate to the Mendocino College's Mission?	
How does this request relate to the Mendocino College's Vision?	
How does this request relate to the Mendocino College's Strategic Goals?	
How does this request contribute to the achievement of SLO/SAO's?	
Estimated total:	

Part IB E. Outreach and Recruitment

If no requests are to be made, click here		Program or Department:	

Please utilize this form for requests related to outreach and recruitment.

Outreach Need	Marketing Services	Graphic Arts	Funding Available in Dept.?

MENDOCINO-LAKE COMMUNITY COLLEGE DISTRICT
YOUR COMMUNITY. YOUR COLLEGE. YOUR SUCCESS

Program Review Part IB **NON-INSTRUCTIONAL**	Not a Non-Instructional Program?	

Financial Aid, Vice-President of Student Services, Library, Information Technology and ALL Student Serving Departments

F. SERVICE AREA OUTCOME ASSESSMENTS

Approved SAOs can be found on the SAO website. All outcomes should be assessed for your program/department.

SAO	Assessment Method	Assessment Results	Plan for Improvement	Assistance Needed?

F. Self-Assessment instrument

Please read the following evaluative statements and indicate a number between 1 and 5 to indicate how well you feel the statement describes your office or program. Choosing the number 1 indicates that you Strongly Disagree with the statement as an evaluation of your office or program; indicating the number 5 indicates that you Strongly Agree with the statement as an evaluation of your office or program.

Strongly Disagree	Disagree	Neither Agree/Disagree	Agree	Strongly Agree
1	2	3	4	5

Statement	Rating
1.) The office or program has the staff necessary to handle the workload currently generated by faculty, staff and students	
2.) The office or program has the tools and technology necessary to handle to workload currently generated by faculty, staff and students	
3.) Sufficient time and resources are available for professional development activities.	
4.) The department has effectively implemented internal controls including the assignment of responsibilities such that no employee has complete control over key financial and business responsibilities	
5.) Workload in the office or program is distributed equitably	
6.) The program has sufficient faculty (full-time and part-time) to meet student demand for courses.	
7.) Job descriptions of members of the office or program are current and reflect current staff responsibilities	
8.) Performance evaluations are performed in a timely manner	
9.) Policies and procedures relevant to the department are readily available either on-line or printed	

If you chose 1, 2, or 3 for any statement, and would like to discuss that evaluation, please enter your comments here:

G. CTE PROGRAM 2-YEAR REVIEW

NOT a Career and Technical Education Program, click here:	

California Education Code section 78016 requires that every vocational or occupational training program offered by a community college district shall be reviewed every two years to ensure that each program, as demonstrated by available sources of labor market information:

- meets a documented labor market demand; Centers of Excellence
- does not represent unnecessary duplication of other manpower training programs in the area;
- is of demonstrated effectiveness as measured by the employment and completion success of its students

For information regarding Data, please contact mflores@mendocino.edu

Any program that does not meet these requirements shall/may be terminated within one year. The review process required by this section shall include the review and comments by the local Private Industry Council. A written summary of the findings of each review shall be made available to the public - **California Code, Education Code - EDC § 78016**

CTE Advisory Committee Agendas/Minutes	

PROGRAM-SPECIFIC DATA

Provide the following information for **each** certificate and/or degree in the discipline.

Does this program continue to meet a labor market demand?					
Program:		Certificate/Degree			
Labor Market Information	Year:		Wages:		Hourly Mean:
Estimated Years:		*Employment Change*	Number:		Percent:
Source:					

Does this program prepare students to transfer to a 4-year college or other education/training program that meets a labor market demand?	
Does this program duplicate another manpower training program?	
If YES, identify the program(s) and explain briefly how the duplication is necessary.	

Student Success Data

Persistence; Completion; Transfer; Employment; SLO Assessment Results; Demographic data [all compared with institutional data]. Provide a brief analysis of the program's student success data:

CTE 2 yr Curriculum/Prerequisite Review

Completing this section of program review will be mandatory as of Fall 2016. Title V requires all CTE programs to review their prerequisites every two years. Have you reviewed your degrees' and certificates' curriculum and prerequisites/co-requisites with your advisory committee? Please briefly summarize that meeting or submit meeting minutes to your Dean. What, if any, changes did they recommend?

You have completed your 2018-2019 Program Review Part IB. If proceeding to Part II, click "Part II" if not, click "Submit"	

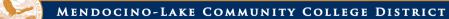## Program Review Part II – GROUPA ONLY
INSTRUCTIONAL DEPARMENTS

GROUPA: Art, Clothing, Computer Science, PE- Adaptive, PE- Fitness, PE- Sport, Kinesiology, Health, Nursing If you are an instructional program, please complete the following tables. For information specific to your department, please use the Student Success Analyzer and/or Degrees/Certs Earned

PART II Program Student Learning Outcomes Assessment (PSLOs)

If your course SLO's are not mapped, please contact the Dean of Instruction, Dr. Rebecca Montes as rmontes@mendocino.edu

PSLO's (List All) Your program-level student learning outcomes (PSLOs) must be assessed.	Assessment Results They can be assessed based on: 1.) Student Surveys, 2.) Program Completers, 3.) And/or analysis of course SLO's that are mapped to PSLO's	Action Needed, If Any ("Action Needed, If Any") include any desired revision in program design, curriculum, instructional delivery methods, or changes in the PSLOs themselves.	Year Assessed

Previous Course and Program Assessment results and action taken/resolution:

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Summary assessment of students' overall achieving of the program course and program student learning outcomes. What are the strongest areas for your courses and programs? What areas need further development? What are you plans for achieving that development? Are your assessments across sections, locations and modality?

A.2 Self-Assessment instrument

Please read the following evaluative statements and choose a number between 1 and 5 to indicate how well you think the statement describes your program. The number 1 indicates that you strongly disagree with the statement as a description of your program and the number 5 indicates that you strongly agree with the statement as an evaluation of your program.

Strongly Disagree	Disagree	Neither Agree/Disagree	Agree	Strongly Agree
1	2	3	4	5

Statement	Rating
1.) Current curriculum meets the learning needs of student	
2.) Course offerings reflect the state of knowledge in the discipline	
3.) Course SLOs are being measured and outcomes assessed for most courses	
4.) The program has sufficient faculty to achieve its goals	
5.) The program has sufficient academic resources (e.g. hardware/software, technology, dedicated space) to achieve its goals	
6.) The program has sufficient faculty (full-time and part-time) to meet student demand for courses.	
7.) The program receives sufficient administrative support to achieve its goals	
8.) Program goals are based upon current resources	
9.) Program goals require significant new resources	
If you chose 1, 2, or 3 for any statement, discuss that evaluation and enter your comments here:	

Success and Retention

a. Reviewing Analyzer data, how does your program compare to the College as a whole regarding student success and student retention?	
b. Over the past several years, is student success, retention, and enrollment consistent in your classes? Improving? Declining?	
c. How many students are declared majors in your degrees/certificates? How many completers have you had over the past five years in these degrees and certificates?	
d. Please provide information which may explain any data that is not satisfactory.	

Equity

a. Referring to Analyzer data, or term data, how does this program compare with the college as a whole in enrollment, success and retention when disaggregated by race, ethnicity, gender and age?	
b. Can you identify factors which may be limiting equity within the program? Do you have any ideas on how these factors can be ameliorated?	

Efficiency

a. Reviewing the Analyzer Data, how does the efficiency (in terms of FTES/FTEF) of the program compare to the efficiency of the College as a whole?	

b. Does the data indicate any trends in program efficiency over the past five years? Are these trends concern for the program?	28 | P a g e
c. Are there factors or conditions (e.g. mandated enrollment limits) that may be affecting program efficiency? If so, please explain.	

Outreach

a. Briefly describe the program's current efforts to build and maintain relationships with various segments of the community.	
b. What are the program's plans, if any, to build new relationships or strengthen existing relationships over the next three years?	
c. What changes or resources are needed to build or strengthen relationships with other segments of the community?	

Program Assessment

Considering your SLO Assessments and data review, please answer the following questions:

What are the Strengths of your program?	
What are its challenges and how might they be addressed?	
Are any changes in the field anticipated that will affect your program?	
Are any curricular changes (modifying a program, adding new classes, adding prerequisites to improve success in a course, inactivating a certificate) called for?	
Are there any other ways the college, senate and/or colleagues can support the success of your students?	

You have completed your 2018-2019 Program Review Part IB and II. Please click the submit button below: