



## *Program Review*

### *2015-2016*

*Instructions: Please submit your completed Program Review forms by Friday, October 30<sup>th</sup>. If you need technical assistance, please contact Minerva Flores at [mflores@mendocino.edu](mailto:mflores@mendocino.edu) or x3011. For further questions, please contact Virginia Guleff 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 I**. **Only programs and departments in GROUP D** are required to complete **Part II** for the 2015-2016 program review. The required programs and departments are as follows:
- **PART II - INSTRUCTIONAL**: Music, Humanities, Fire Science, Administration of Justice, Automotive Technology, Welding, Physics, Engineering, Astronomy, Cooperative Work Experience
- **PART II - NON-INSTRUCTIONAL**: Institutional Research, Outreach, Lake Center, Maintenance and Operations



### A. STAFFING REQUESTS

Complete the form below for any requested staff. Please indicate whether the position is Classified, Faculty or Management. If this position is a REPLACEMENT position for a retiree, please ensure that the person has submitted a resignation letter prior to program review. If not, the position will need to be categorized as NEW. If you need additional request forms, contact [mflores@mendocino.edu](mailto:mflores@mendocino.edu)

\*NOTE: For temp-hourly you do not need to fill out this form. Please contact your supervisor for additional information.

Are you making any staffing requests?	If you are not making any requests, click here
Position Description:	Is this position in your department or area?:
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Position Description:	Is this position in your department or area?:

If this position is **NOT in your department**, do not fill out a staffing request.

If you would like to support the position, please provide information **ONLY** in the comments section below.

Supporting comments for position:
Supporting comments for position:
Supporting comments for position:
Supporting comments for position:
Supporting comments for position:
Supporting comments for position:
Supporting comments for position:



## MENDOCINO-LAKE COMMUNITY COLLEGE DISTRICT

YOUR COMMUNITY. YOUR COLLEGE. YOUR SUCCESS

### Classified Staffing Request

Requesting a Classified Position: ?	Categorical Funding:	Hrs per Week:	# of Mths:
1.) Classified Position Title:	Type of Request:		
Criteria:	Rationale:		
1. How does the position relate to the <a href="#">Mendocino College Mission</a> ? (Emphasis on Transfer, Basic Skills, CTE)			
2. How does the position relate to the <a href="#">MC Educational Master Plan/EAP Priorities</a> ? (Specify Specific Priorities).			
3. How does the position relate to <a href="#">Mendocino College's Strategic Goals</a> ? (Specify Specific Goals).			
4. External Factors (e.g., advisory committee recommendations, external licensure/accreditation requirements and/or regulations, legal mandates/requirements, etc.)			
5. Specialized Expertise Required (Describe the Need)			
6. Program or Work Area Growth / Changes (Describe emerging area(s) that need(s) to be addressed, scope of change, student or operational needs, etc.)			
7. Maintenance of Essential Operations (Describe the Need)			
8. Other (Describe any needs, data, or conditions not covered above).			



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8. Other (Describe any needs, data, or conditions not covered above).			



### Faculty Staffing Request

Requesting a Faculty Position: ?	Categorical Funding:	FTE:
1.) Faculty Position Title:	Type of Request:	
Criteria:	Rationale:	
1. How does the position relate to the <a href="#">Mendocino College Mission</a> ? (Emphasis on Transfer, Basic Skills, CTE)		
2. How does the position relate to the <a href="#">MC Educational Master Plan/EAP Priorities</a> ? (Specify Specific Priorities).		
3. How does the position relate to <a href="#">Mendocino College's Strategic Goals</a> ? (Specify Specific Goals).		
4. External Factors (e.g., advisory committee recommendations, external licensure/accreditation requirements and/or regulations, legal mandates/requirements, etc.)		
5. Enrollment Factors (e.g., current and projected enrollment, potential new FTES generation, student demand, etc.)		
6. Staffing Issues (e.g., availability of adjuncts, FT to PT ratio, need for anchor position, etc.)		
7. Programmatic Factors (e.g., history of program, new program/curriculum development areas, labor market Information, nature and size of the program, etc.)		
8. Facilities/Grounds Oversight Needs.		
9. Link to Student Learning Outcomes (Course, Program, or Institutional Level)		
10. Other (Describe any needs, data, or conditions not covered above)		



## Faculty Staffing Request

Requesting a Faculty Position: ?	Categorical Funding:	FTE:
2.) Faculty Position Title:	Type of Request:	
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### M/S/C Staffing Request

Requesting an MSC Position: ?	Categorical Funding:	Hrs per Week:	# of Mths:
1.) MSC Position Title:	Type of Request:		
Criteria:	Rationale:		
1. How does the position relate to the <a href="#">Mendocino College Mission</a> ? (Emphasis on Transfer, Basic Skills, CTE)			
2. How does the position relate to the <a href="#">MC Educational Master Plan/EAP Priorities</a> ? (Specify Specific Priorities).			
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6. Program or Work Area Growth / Changes (Describe emerging area(s) that need(s) to be addressed, scope of change, student or operational needs, etc.)			
7. Administration, coordination and/or supervision of program(s), faculty, staff, volunteers and budgets district-wide, or as appropriately geographically (Describe the need)			
8. Maintenance of Essential Operations (Describe the need)			
9. Facilities/Grounds Oversight (Describe)			
10. Other (Describe any needs, data, or conditions not covered above)			



### M/S/C Staffing Request

Requesting an MSC Position: ?	Categorical Funding:	Hrs per Week:	# of Mths:
2.) MSC Position Title:	Type of Request:		
Criteria:	Rationale:		
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10. Other (Describe any needs, data, or conditions not covered above)			



### B. 5-Year Equipment Cycle Requests

Requesting Equipment?:

If no requests are to be made, click here

If yes, please answer the following questions:

#### Distinguishing Equipment from Supply Items

1. Lasts more than one year?

2. Repair rather than replace?

3. Independent unit rather than being incorporated into another unit item?

**NO** - If you have answered **NO** to all of the above questions, and the overall cost of the item is under \$500.00, your item is a **SUPPLY** and you do not need to fill out this form. Please refer to the 4's and 5's request and forward to your supervisor.

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

**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.

Requests that are intended for employee use (non-instructional), please use the IT Request form B.3

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



**B.2 5 – Year Equipment Cycle Requests – Year 1**

Fiscal Year	Program/Dept.	Equipment Category	Rationale/Objective	Life Span	Cost Including Tax S/H	Installation Cost	Annual Maintenance Cost	Total	Instructional or Non- Instructional



**B.2 5 – Year Equipment Cycle Requests – Year 2**

Fiscal Year	Program/Dept.	Equipment Category	Rationale/Objective	Life Span	Cost Including Tax S/H	Installation Cost	Annual Maintenance Cost	Total	Instructional or Non- Instructional



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## B.2 5 – Year Equipment Cycle Requests – Year 3

Fiscal Year	Program/Dept.	Equipment Category	Rationale/Objective	Life Span	Cost Including Tax S/H	Installation Cost	Annual Maintenance Cost	Total	Instructional or Non- Instructional



**B.2 5 – Year Equipment Cycle Requests – Year 4**

Fiscal Year	Program/Dept.	Equipment Category	Rationale/Objective	Life Span	Cost Including Tax S/H	Installation Cost	Annual Maintenance Cost	Total	Instructional or Non- Instructional





**B.2 5 – Year Equipment Cycle Requests – Year 5**

Fiscal Year	Program/Dept.	Equipment Category	Rationale/Objective	Life Span	Cost Including Tax S/H	Installation Cost	Annual Maintenance Cost	Total	Instructional or Non- Instructional



### B.3 Information Technology Requests

Requesting Equipment?:	If no requests are to be made, click here
Program/ Department:	
<b>Request #1:</b> What is your IT request?	
Is this New or a Replacement?	
Is this request critical to your area or department?	
How does this request relate to the <a href="#">Mendocino College Mission?</a>	
How does this request relate to the <a href="#">Mendocino College Vision?</a>	
How does this request relate to <a href="#">Mendocino College's Strategic Goals?</a>	
How does this request support your department/area SLO/SAO's?	
Does this request support a state and/or federal Mandate?	
Additional Comments	
<b>Request #2:</b> What is your IT request?	
Is this New or a Replacement?	
Is this request critical to your area or department?	
How does this request relate to the <a href="#">Mendocino College Mission?</a>	
How does this request relate to the <a href="#">Mendocino College Vision?</a>	
How does this request relate to <a href="#">Mendocino College's Strategic Goals?</a>	
How does this request support your department/area SLO/SAO's?	
Does this request support a state and/or federal Mandate?	
Additional Comments	
<b>Request #3:</b> What is your IT request?	
Is this New or a Replacement?	
Is this request critical to your area or department?	



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How does this request relate to the <a href="#">Mendocino College Mission?</a>	
How does this request relate to the <a href="#">Mendocino College Vision?</a>	
How does this request relate to <a href="#">Mendocino College's Strategic Goals?</a>	
How does this request support your department/area SLO/SAO's?	
Does this request support a state and/or federal Mandate?	
Additional Comments	
<b>Request #4:</b> What is your IT request?	
Is this New or a Replacement?	
Is this request critical to your area or department?	
How does this request relate to the <a href="#">Mendocino College Mission?</a>	
How does this request relate to the <a href="#">Mendocino College Vision?</a>	
How does this request relate to <a href="#">Mendocino College's Strategic Goals?</a>	
How does this request support your department/area SLO/SAO's?	
Does this request support a state and/or federal Mandate?	
Additional Comments	
<b>Request #5:</b> What is your IT request?	
Is this New or a Replacement?	
Is this request critical to your area or department?	
How does this request relate to the <a href="#">Mendocino College Mission?</a>	
How does this request relate to the <a href="#">Mendocino College Vision?</a>	
How does this request relate to <a href="#">Mendocino College's Strategic Goals?</a>	
How does this request support your department/area SLO/SAO's?	
Does this request support a state and/or federal Mandate?	
Additional Comments	



### C. Facility Requests

Any facility requests?:	If no requests are to be made, click here
Program or Department:	
<b>Request#1:</b> 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 <a href="#">Mendocino College's Mission</a> ?	
How does this request relate to <a href="#">Mendocino College's Strategic Goals</a> ?	
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	
<b>Request#2:</b> 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 <a href="#">Mendocino College's Mission</a> ?	



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How does this request relate to <a href="#">Mendocino College's Strategic Goals</a> ?	
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	
<b>Request#3:</b> 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 <a href="#">Mendocino College's Mission</a> ?	
How does this request relate to <a href="#">Mendocino College's Strategic Goals</a> ?	
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	
<b>Request#4:</b> 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	



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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 <a href="#">Mendocino College's Mission</a> ?	
How does this request relate to <a href="#">Mendocino College's Strategic Goals</a> ?	
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	
<b>Request# 5:</b> 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 <a href="#">Mendocino College's Mission</a> ?	
How does this request relate to <a href="#">Mendocino College's Strategic Goals</a> ?	
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	



### D. PROFESSIONAL DEVELOPMENT REQUESTS

Any professional development requests?:	If no requests are to be made, click here
List the departmental requirements/plans for professional development not included in your normal budget. These requests will be considered for the 2016-2017 academic year	
Program/Dept.	
<b>Request#1:</b> What is the professional development request?	
Who will attend?	
What are the dates?	
How does this request relate to the <a href="#">Mendocino College's Mission?</a>	
How does this request relate to the <a href="#">Mendocino College's Vision?</a>	
How does this request relate to the <a href="#">Mendocino College's Strategic Goals?</a>	
How does this request contribute to the achievement of SLO/SAO's?	
Estimated total:	
<b>Request#2:</b> What is the professional development request?	
Who will attend?	
What are the dates?	
How does this request relate to the <a href="#">Mendocino College's Mission?</a>	
How does this request relate to the <a href="#">Mendocino College's Vision?</a>	
How does this request relate to the <a href="#">Mendocino College's Strategic Goals?</a>	
How does this request contribute to the achievement of SLO/SAO's?	
Estimated total:	
<b>Request#3:</b> What is the professional development request?	
Who will attend?	
What are the dates?	



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How does this request relate to the <a href="#">Mendocino College's Strategic Goals</a> ?	
How does this request contribute to the achievement of SLO/SAO's?	
Estimated total:	
<b>Request#4:</b> What is the professional development request?	
Who will attend?	
What are the dates?	
How does this request relate to the <a href="#">Mendocino College's Mission</a> ?	
How does this request relate to the <a href="#">Mendocino College's Vision</a> ?	
How does this request relate to the <a href="#">Mendocino College's Strategic Goals</a> ?	
How does this request contribute to the achievement of SLO/SAO's?	
Estimated total:	
<b>Request#5:</b> What is the professional development request?	
Who will attend?	
What are the dates?	
How does this request relate to the <a href="#">Mendocino College's Mission</a> ?	
How does this request relate to the <a href="#">Mendocino College's Vision</a> ?	
How does this request relate to the <a href="#">Mendocino College's Strategic Goals</a> ?	
How does this request contribute to the achievement of SLO/SAO's?	
Estimated total:	





### E. Outreach and Recruitment

Any Outreach and Recruitment Requests?

If no requests are to be made, click here

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

Program/Department:

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



## F. STUDENT LEARNING OUTCOMES/SERVICE AREA OUTCOMES

The new Program Review/Curriculum Review/SLO-SAO Assessment combined cycle will be a six year cycle. Each group is assigned a year on the cycle, as indicated below. In 2015-16, Group A will move to year 3, Group B will move to Year 4, Group C will move to Year 5, Group D will move to Year Six and Group E will move to year 1.

**Year 1-5:** Faculty/Staff in the Assigned Group are responsible for Program Review Part One and SAO or SLO assessment (discipline areas complete 25% of their course SLO assessments).

**Year 6:** Faculty/Staff in Assigned Group are responsible for Program Review Part 2 in the fall; discipline areas complete 5 yr. Curriculum Review in the spring.

Academic Year	Cycle Year 1	Cycle Year 2	Cycle Year 3	Cycle Year 4	Cycle Year 5	Cycle Year 6
2014-2015	N/A	A	B	C	D	E
2015-2016	E	N/A	A	B	C	D
2016-2017	D	E	N/A	A	B	C
2017-2018	C	D	E	N/A	A	B
2018-2019	B	C	D	E	N/A	A
2019-2020	A	B	C	D	E	N/A
2020-2021	N/A	A	B	C	D	E
GROUP A		GROUP B	GROUP C	GROUP D	GROUP E	
ART		THE	CDV	MUS	BOT	
CLO		ENG	PSY	HUM	BUS (w/o SST/RLS)	
CSC		ESL	AGR	FSC	RLS	
ATH		SPN (World Lng)	SST	ADJ	ECO	
PEA-PEF-PEM-PES		ASL	HST	AUT	HUS	
KIN		COM	LRS	WLD	AOD	
HLH		SPE	BIO	PHY	CCS	
NUR		JRN	CHM	EGR	MTH	
Financial Aid		EDU	EAS-GEO	AST	CAM	
VPES		ANT	GEL	CED (incl 196/7)	A&R	
Library		SOC	SCI	Institutional Research	Fiscal Services	
Information Tech		POL	NRS	Outreach	President's Office	
		PHL	Counseling/Advising	Lake Center	Student Life	
		Instruction Office	North Co. Center	Maintenance/Ops	CDC	
		Spec Pops Support	LRC			
		PIO/Marketing	Admin Services			
		Facilities Planning	Human Resources			
STUDENT SERVICES		INSTRUCTION		ADMIN		S/P
Financial Aid		VPES		Administrative Services		President's Office
A&R		Instruction Office		Facilities Planning		PIO/Marketing
Counseling/Advising		North Co. Center		Fiscal Services		Human Resources
Student Life		Lake Center		Maintenance/Ops		Institutional Research
Outreach		Athletics (see ATH)		Information Tech		
Special Pops Support		Library				
LRC		CDC				

**F. 2. CTE PROGRAM 2-YEAR REVIEW****Are you a Career and Technical Education Program?:****If no, 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;
- 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](mailto:mflores@mendocino.edu)*

Any program that does not meet these requirements shall 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.

CTE Advisory Committee and Private Industry Council comments, and other supporting documentation may be attached here:

**PROGRAM-SPECIFIC DATA**

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

<b>Program:</b>	<b>Certificate</b>	<b>Degree</b>	
Does this program continue to meet a labor market demand?			
Labor Market Information (North Coast Region): <b>Wages</b>	<b>Year:</b>	<b>Hourly Mean:</b>	
Estimated Years:	<b>Employment Change</b>	<b>Number:</b>	<b>Percent:</b>
<b>Source:</b>			
Does this program prepare students to transfer to a 4-year college or other education/training program that meets a labor market demand?			
<b>This program duplicate another manpower training program.</b>			
If it does, 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/corequisites with your advisory committee? Please briefly summarize that meeting or submit meeting minutes to your Dean. What, if any, changes did they recommend?



F.3. SLO and SAO Instructions – ALL GROUPS

*Assessments for all course-level student learning outcomes for all courses scheduled for assessment, as well as Service Area Outcomes, must be completed by the time your program review is submitted. (See Program Review Guidelines for example).* All completed SLO/SAO assessments should have been completed using the approved form and submitted to the SLOT chair for archiving. Copies of completed and submitted SLOs can be found in the [SLO archive](#).

1. **Assessment Method:** For each course SLO/SAO describe the assessment tool and/or method used (e.g., test questions, holistic grading rubrics, portfolios, in-class presentations, etc.) and how the methodology directly relates to the specific SLO/SAO. For example, if you method involves a quiz or exam, you should reference the results of the specific questions embedded in the assessment tool that relate to this SLO/SAO.
2. **Findings:** What evidence of student learning did you find? What percentage of students actually met the objective? What other quantifiable information can you provide that supports your findings? Were there any issues with the assessment process or SLO/SAO itself that arose? What did you, as the instructor, learn from the SLO/SAO assessment results?
3. **Conclusions:** Discuss how the information you gathered from the assessment process has influenced you to make changes in the course/program or begin the discussion to make changes. What changes in the SLO/SAO process (e.g., the SLO/SAO itself, assessment tool, teaching, expectations of for student learning) do you foresee? How will you implement these changes?



## MENDOCINO-LAKE COMMUNITY COLLEGE DISTRICT

YOUR COMMUNITY. YOUR COLLEGE. YOUR SUCCESS

<b>SLO/SAO #1</b> Course/Area Assessed this Year	
Specific SLO/SAO Assessed	
Assessment Technique(s)	
ISLO Addressed	
Findings	
Conclusions	
<b>SLO/SAO #2</b> Course/Area Assessed this Year	
Specific SLO/SAO Assessed	
Assessment Technique(s)	
ISLO Addressed	
Findings	
Conclusions	
<b>SLO/SAO #3</b> Course/Area Assessed this Year	
Specific SLO/SAO Assessed	
Assessment Technique(s)	
ISLO Addressed	
Findings	
Conclusions	
<b>SLO/SAO #4</b> Course/Area Assessed this Year	
Specific SLO/SAO Assessed	
Assessment Technique(s)	



## MENDOCINO-LAKE COMMUNITY COLLEGE DISTRICT

YOUR COMMUNITY. YOUR COLLEGE. YOUR SUCCESS

ISLO Addressed	
Findings	
Conclusions	
<b>SLO/SAO #5</b> Course/Area Assessed this Year	
Specific SLO/SAO Assessed	
Assessment Technique(s)	
ISLO Addressed	
Findings	
Conclusions	
<b>SLO/SAO #6</b> Course/Area Assessed this Year	
Specific SLO/SAO Assessed	
Assessment Technique(s)	
ISLO Addressed	
Findings	
Conclusions	
<b>SLO/SAO #7</b> Course/Area Assessed this Year	
Specific SLO/SAO Assessed	
Assessment Technique(s)	
ISLO Addressed	
Findings	
Conclusions	



## MENDOCINO-LAKE COMMUNITY COLLEGE DISTRICT

YOUR COMMUNITY. YOUR COLLEGE. YOUR SUCCESS

<b>SLO/SAO #8</b> Course/Area Assessed this Year	
Specific SLO/SAO Assessed	
Assessment Technique(s)	
ISLO Addressed	
Findings	
Conclusions	
<b>SLO/SAO #9</b> Course/Area Assessed this Year	
Specific SLO/SAO Assessed	
Assessment Technique(s)	
ISLO Addressed	
Findings	
Conclusions	
<b>SLO/SAO #10</b> Course/Area Assessed this Year	
Specific SLO/SAO Assessed	
Assessment Technique(s)	
ISLO Addressed	
Findings	
Conclusions	





**Program Review Part II – GROUP D ONLY**

**INSTRUCTIONAL DEPARMENTS (Click for Non-Instructional)**

**Only programs and areas listed under GROUP D are required to complete Part II.** If you are an instructional program, please complete the following tables. For information specific to your department, please use the Student Success Analyzer ([LINK](#)).

**A.1.Program Student Learning Outcomes Assessment**

Your program-level student learning outcomes (PSLOs) must be assessed. Using information from the completed PSLO mapping/assessment spreadsheet found on the PSLO website, insert information into the table, below. For the 3rd column (“Action Needed, If Any”) include any desired revision in program design, curriculum, instructional delivery methods, or changes in the PSLOs themselves.

PSLO’s (List All)	Assessment Results	Action Needed, If Any	Year Assessed



**Previous Assessment Results and action taken/resolution:**

**Summary assessment of students' overall achievement of the program's student learning outcomes:**

**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, and would like to discuss that evaluation, please enter your comments here:



**College Strategic Goal 1: Foster student success and learning as measured by outcomes and by considering the educational achievement gaps among all students**

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.

**College Strategic Goal 2: Promote student access to college programs and services**

a. Referring to Analyzer data, how does this program compare with the college as a whole in the following student equity indicators: 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?



**College Strategic Goal 3: Support and enhance a vibrant, inclusive, equitable and culturally diverse student-centered experience in the classroom, campus and community.**

a. Is the program currently offering opportunities beyond the classroom, such as public lectures, work with student clubs, field trips, participation in campus fairs, film festivals, poetry readings, art exhibits?

b. How does your program's curriculum or in-class culture support diverse students?

**College Strategic Goal 4: Maximize the efficient sustainable and student-centered use of financial, human, physical and technology resources.**

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?

c. Are there factors or conditions (e.g. mandated enrollment limits) that may be affecting program efficiency? If so, please explain.

**College Strategic Goal 5: Develop new and strengthen existing relationships with educators, businesses, public agencies, and other constituents of our communities and regionally.**

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 weaknesses 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 any new resources required?**



**Program Review Part II-GROUP D ONLY**

**NON-INSTRUCTIONAL (click here for Instructional)**

**Only programs and areas listed under GROUP D are required to complete Part II.** If you are an instructional program, please complete the following tables. If you are unsure about data for your area, please contact [mflores@mendocino.edu](mailto:mflores@mendocino.edu)

**A.1. 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?

**A.2 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: