**Program Review Purpose**

“*Program review is the process through which constituencies (not only faculty) on campus take stock of their successes and shortcomings and seek to identify ways in which they can meet their goals more effectively. It is important to note here that the task of identifying evidence-based successful practices, and sharing these practices college-wide, is far more important than the negative perspective of trying to ferret out ineffective practices*” –Academic Senate for California Community Colleges, 2009

# **DATA**

|  |  |
| --- | --- |
| **Number of disciplines supported:** | Click or tap here to enter text. |
| **Number of faculty in division:** | Click or tap here to enter text. |
| **Number of staff in division:** | Click or tap here to enter text. |
| **Number of administrators in division:** | Click or tap here to enter text. |

**KPIs: *Include data for 2022-2023 and goals for 2023-2024***

|  |  |
| --- | --- |
| **Total FTES:** | Click or tap here to enter text. |
| **Total LHEs:** | Click or tap here to enter text. |
| **Efficiency (FTES to LHE ratio):** | Click or tap here to enter text. |
| **Enrollment count:** | Click or tap here to enter text. |
| **Course Success Rate:** | Click or tap here to enter text. |
| **Number of Certificates Awarded:** | Click or tap here to enter text. |
| **Number of Associate Degrees Awarded:** | Click or tap here to enter text. |
| **Number of ADTs Awarded (subset of above):** | Click or tap here to enter text. |
| **Number of dual enrollment students:** | Click or tap here to enter text. |
| **Number of first-time students who completed English in their first year:** | Click or tap here to enter text. |
| **Number of first-time students who completed math in their first year:** | Click or tap here to enter text. |

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| --- | --- |
| **List the Administrative Service Outcomes (ASOs) for Arts & Letters Division:** *If you have not defined your ASOs, please describe how you will define them in 2023-2024.* | Click or tap here to enter text. |
| **Describe how you assessed your ASOs this year? (e.g., survey, document review)** *If you have not assessed ASOs, describe your plan to assess in 2023-2024.* | Click or tap here to enter text. |
| **What were the findings of your ASO assessment?** | Click or tap here to enter text. |
| **How do you plan to strengthen practices/policies to improve your outcomes?**  | Click or tap here to enter text. |

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| **Outside of hiring new faculty or staff, please discuss the data trends above, and your plans for serving more stakeholders (students, employees) or improving your outcomes.** |
| Click or tap here to enter text. |

# **PROGRAM-SPECIFIC QUESTIONS**

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| **Describe the functions of the Nursing Division?**  |
| Click or tap here to enter text. |

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| **What does the Nursing Division do exceptionally well?**  |
| Click or tap here to enter text. |

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| **How does the Nursing Division help GWC meet its mission?** *Golden West College provides an intellectually and culturally stimulating learning environment for its diverse student population. The College provides enriching and innovative programs that help students: transfer to four-year institutions, earn associate degrees, complete certificates in career and technical education, advance their careers, and demonstrate college readiness. The College is committed to continuous assessment and improvement of student learning and institutional effectiveness.* |
| Click or tap here to enter text. |

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| **How can the Nursing Division adapt to handle the increased volume in programs requiring additional tracking and reports?** |
| Click or tap here to enter text. |

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| **What are the most impactful changes in processes to the Nursing Division that can improve service to students and the campus community?** |
| Click or tap here to enter text. |

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| **What are the biggest challenges facing the Nursing Division in completing its role?** |
| Click or tap here to enter text. |

# **GOALS AND REQUESTS FOR FUNDING**

**Requests – If you are requesting any of the following, they MUST be addressed within your goals. These forms must be submitted separately from the Program Review.**

* Faculty
* Equipment, Facilities, Technology
* Support Staff

**GWC Strategic Plan Goals Legend**

1. **Enrollment:** GWC will increase credit and noncredit enrollment while providing efficient academic programs and student services.
2. **Equity and Success:** GWC will support, enhance, and develop equity-minded services and academic programs that lead to student success.
3. **Completion:** GWC will ensure students’ timely completion of degrees and certificates by providing high quality academic programs and student services.
4. **Workforce Preparation:** GWC will support student success by developing and offering academic programs and student services that maximize career opportunities.
5. **Facilities:** GWC will provide flexible, accessible, and sustainable learning environments that support the success of students, faculty, staff, and communities.
6. **Professional Development:** GWC will support the success of all employees by providing professional development opportunities that focus on the achievement of the College Goals.
7. **Communication:** GWC will effectively communicate and collaborate within the College and its communities.

## GOALS FROM PREVIOUS PROGRAM REVIEW CYCLE

*Please refer to your previous Program Review cycle and summarize all outcomes for each goal.*

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| --- |
| **Summary and Outcomes of Previous Goals (from the last Program Review) including resource requests and if they were funded or not.** |
| Click or tap here to enter text. |

## GOALS FOR CURRENT PROGRAM REVIEW CYCLE

*Current goals should be connected to GWC’s Strategic Plan Goals.*

**GOAL 1 (Required)**

|  |
| --- |
| **Description of goal:** |
| Click or tap here to enter text. |

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| --- |
| **What actions will be taken to accomplish the goal?** |
| Click or tap here to enter text. |

|  |
| --- |
| **What metric will you use to measure your goal?** |
| Click or tap here to enter text. |

**Which of the College’s missions and goals does this goal support? (check all that apply)**

[ ]  Enrollment

[ ]  Equity and Success

[ ]  Completion

[ ]  Workforce Preparation

[ ]  Facilities

[ ]  Professional Development

[ ]  Communication

**GOAL 2 (Required)**

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| --- |
| **Description of goal:** |
| Click or tap here to enter text. |

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| --- |
| **What actions will be taken to accomplish the goal?** |
| Click or tap here to enter text. |

|  |
| --- |
| **What metric will you use to measure your goal?** |
| Click or tap here to enter text. |

**Which of the College’s missions and goals does this goal support? (check all that apply)**

[ ]  Enrollment

[ ]  Equity and Success

[ ]  Completion

[ ]  Workforce Preparation

[ ]  Facilities

[ ]  Professional Development

[ ]  Communication

**GOAL 3 (Required)**

|  |
| --- |
| **Description of goal:** |
| Click or tap here to enter text. |

|  |
| --- |
| **What actions will be taken to accomplish the goal?** |
| Click or tap here to enter text. |

|  |
| --- |
| **What metric will you use to measure your goal?** |
| Click or tap here to enter text. |

**Which of the College’s missions and goals does this goal support? (check all that apply)**

[ ]  Enrollment

[ ]  Equity and Success

[ ]  Completion

[ ]  Workforce Preparation

[ ]  Facilities

[ ]  Professional Development

[ ]  Communication

# **OTHER INFORMATION**

|  |
| --- |
| **What additional information would you like to share about your program?** |
| Click or tap here to enter text. |

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| **Submitter’s Signature:** Click or tap here to enter text. |

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| --- |
| **Date:** Click or tap to enter a date. |

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| **Supervisor’s Review** |
| As the supervisor of this program, I have reviewed this request.[ ]  No concerns[ ]  I have concerns |
| **Comments:** Click or tap here to enter text. |

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| **Supervisor’s Signature:** Click or tap here to enter text. |

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| --- |
| **Date:** Click or tap to enter a date. |

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| **Date:** Click or tap to enter a date. |

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| **Vice President’s Signature:** Click or tap here to enter text. |