**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

# **SUBMITTER INFORMATION**

|  |  |
| --- | --- |
| **Submitter’s First Name:** | Click or tap here to enter text. |
| **Submitter’s Last Name:** | Click or tap here to enter text. |
| **Submitter’s Email:** | Click or tap here to enter text. |
| **Submitter’s ID:** | Click or tap here to enter text. |
| **Submitter’s Phone Number:** | Click or tap here to enter text. |
| **Who is your Dean/Supervisor?** | Click or tap here to enter text. |
| **Are you the Department Chair?** | Choose an item. |

# **GENERAL PROGRAM QUESTIONS**

|  |
| --- |
| **Name of Program:** |
| Click or tap here to enter text. |

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| **Please provide a brief description and any significant change in your program since the last Program Review cycle.** |
| Click or tap here to enter text. |

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| **What are your program’s strengths?** |
| Click or tap here to enter text. |

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| **What are the challenges for your program? (If there are regulations or requirements for your program that require additional support, please note those here)** |
| Click or tap here to enter text. |

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| **How has your department/program utilized SAO (Student Activity Outcome) results to make changes or improvements to your services?** |
| Click or tap here to enter text. |

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| **How does your department/program support the goals of diversity, equity, inclusion, and accessibility?** |
| Click or tap here to enter text. |

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| **How does your department/program collaborate with other areas on campus to advance student success?** |
| Click or tap here to enter text. |

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| **How does your department/program utilize technology to support student success?** |
| Click or tap here to enter text. |

# **KEY PERFORMANCE INDICATORS**

|  |  |
| --- | --- |
| **Unduplicated headcount:** | Click or tap here to enter text. |
| **Duplicated headcount (served):** | Click or tap here to enter text. |
| **Number of students eligible for services:** | Click or tap here to enter text. |
| **Number of new students served:** | Click or tap here to enter text. |
| **Number of returning students served:** | Click or tap here to enter text. |

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| **Demographics (C0 #’s to be provided to Institutional Research for demographic breakdown):** |
| 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 students.** |
| Click or tap here to enter text. |

# **PROGRAM-SPECIFIC QUESTIONS:**

***DSPS***

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| **How has the modality of DSPS services and support impacted the department and student usage?** |
| Click or tap here to enter text. |

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| **How does DSPS measure and utilize student satisfaction within its programs and services to make changes to services? How satisfied are students with the accommodation process and how is DSPS making changes to improve accommodations?** |
| Click or tap here to enter text. |

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| **How has involvement in the Comprehensive Autism Program impacted participants connection to GWC and DSPS?** |
| 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 Department 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)**

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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 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. |

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| --- |
| **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)**

|  |
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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. |

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| --- |
| **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. |