



Program Review 2017-2018

Instructions: Please submit your completed Program Review forms by Friday, April 6th. 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 I. Only programs and departments in GROUP B are required to complete Part II** for the 2017-2018 program review. The required programs and departments are as follows:
- **GROUP B: PART II – INSTRUCTIONAL** Theatre, English, ESL, Spanish, American Sign Language, Communications, Speech, Journalism, Education, Anthropology, Sociology, Political Science, Philosophy
- **GROUP B: PART II - NON-INSTRUCTIONAL:** Instruction Office, Special Populations Support, PIO/Marketing, Facilities Planning



A. STAFFING REQUESTS

If you are not making any requests, click here:

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

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

Position Title:		Is this position in your department or area?:	
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Position Title:		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:

Empty text area for supporting comments.

Supporting comments for position:

Empty text area for supporting comments.

Supporting comments for position:

Empty text area for supporting comments.


Supporting comments for position:

Empty text area for supporting comments.

Supporting comments for position:

Empty text area for supporting comments.




Faculty Staffing Request	Faculty Position Title:		Department:	
Please upload or provide a description below of the faculty position:				
			<u>3 YR FTES/FTEF Average</u>	<u>3 YR FTES Average</u>
Description of Need:		<p>There are 2 parts to a staffing request: One section is titled "<u>Description of Need</u>" and the second section is titled "<u>Other Criteria</u>". This section is worth 9 points. Please provide narrative below.</p>		
Question:	Narrative:			
Why is this position needed?				
How is this need currently being met? (Increase in hours, PT, overload, consultants)				
What is or has been the impact of not having this need met? Please describe any limitations.				
Are there any facility needs? (Larger space, office needs) If so, please explain.				



Other Criteria:	Each criteria is worth <u>3 points each</u> . There is a space designated as “Other” in which you can include any additional information that may impact scores.
Criteria:	Narrative:
Supports: Mendocino College Mission (Transfer, Basic Skills, CTE); and Strategic Goals —Be specific about how the position supports the mission or goals	
Supports: Education Master Plan /EAP Priorities; Student Equity Plan ; Technology Plan ; Facilities Plan —be specific about how the position supports one of these (or other) plans	
Programmatic Factors: Update in curriculum or direction of the department; addition of degrees/certificates ; labor market information ; growth of department; Program Advisory Team (PAT) recommendations.	
Facilities, equipment, supplies and budget oversight.	
Link to Student Learning Outcomes (Course Program or Institutional Level)	
Other (NOT SCORED)	




Faculty Staffing Request	Faculty Position Title:		Department:	
Please upload or provide a description below of the faculty position:				
			<u>3 YR FTES/FTEF Average</u>	<u>3 YR FTES Average</u>
Description of Need:		<p>There are 2 parts to a staffing request: One section is titled "<u>Description of Need</u>" and the second section is titled "<u>Other Criteria</u>". This section is worth 9 points. Please provide narrative below.</p>		
Question:	Narrative:			
Why is this position needed?				
How is this need currently being met? (Increase in hours, PT, overload, consultants)				
What is or has been the impact of not having this need met? Please describe any limitations.				
Are there any facility needs? (Larger space, office needs) If so, please explain.				



Other Criteria:	Each criteria is worth <u>3 points each</u> . There is a space designated as “Other” in which you can include any additional information that may impact scores.
Criteria:	Narrative:
Supports: Mendocino College Mission (Transfer, Basic Skills, CTE); and Strategic Goals —Be specific about how the position supports the mission or goals	
Supports: Education Master Plan /EAP Priorities; Student Equity Plan ; Technology Plan ; Facilities Plan —be specific about how the position supports one of these (or other) plans	
Programmatic Factors: Update in curriculum or direction of the department; addition of degrees/certificates ; labor market information ; growth of department; Program Advisory Team (PAT) recommendations.	
Facilities, equipment, supplies and budget oversight.	
Link to Student Learning Outcomes (Course Program or Institutional Level)	
Other (NOT SCORED)	




MSC Staffing Request	MSC Position Title:		Department:	
Please upload or provide a description below of the MSC position:				
Description of Need:		<p>There are 2 parts to a staffing request: One section is titled <u>“Description of Need”</u> and the second section is titled <u>“Other Criteria”</u>. This section is worth 9 points. Please provide narrative below.</p>		
Question:		Narrative:		
<p>Why is this position needed?</p>				
<p>How is this need currently being met? (Increase in hours, PT, overload, consultants, interim)</p>				
<p>What is or has been the impact of not having this need met? Please describe any limitations.</p>				
<p>Are there any facility needs? (Larger space, office needs) If so, please explain.</p>				



Other Criteria:	Each criteria is worth <u>3 points each</u> . There is a space designated as “Other” in which you can include any additional information that may impact scores.
Criteria:	Narrative:
Supports: Mendocino College Mission (Transfer, Basic Skills, CTE); and Strategic Goals —Be specific about how the position supports the mission or goals	
Supports: Education Master Plan /EAP Priorities; Student Equity Plan ; Technology Plan ; Facilities Plan —be specific about how the position supports one of these (or other) plans	
Administration, coordination and/or supervision of programs, faculty, staff, volunteers and budget	
Facilities, equipment, supplies and budget oversight.	
Other (NOT SCORED)	




MSC Staffing Request	MSC Position Title:		Department:	
Please upload or provide a description below of the MSC position:				
Description of Need:		<p>There are 2 parts to a staffing request: One section is titled <u>“Description of Need”</u> and the second section is titled <u>“Other Criteria”</u>. This section is worth 9 points. Please provide narrative below.</p>		
Question:		Narrative:		
<p>Why is this position needed?</p>				
<p>How is this need currently being met? (Increase in hours, PT, overload, consultants, interim)</p>				
<p>What is or has been the impact of not having this need met? Please describe any limitations.</p>				
<p>Are there any facility needs? (Larger space, office needs) If so, please explain.</p>				



Other Criteria:	Each criteria is worth <u>3 points each</u> . There is a space designated as “Other” in which you can include any additional information that may impact scores.
Criteria:	Narrative:
Supports: Mendocino College Mission (Transfer, Basic Skills, CTE); and Strategic Goals —Be specific about how the position supports the mission or goals	
Supports: Education Master Plan /EAP Priorities ; Student Equity Plan ; Technology Plan ; Facilities Plan —be specific about how the position supports one of these (or other) plans	
Administration, coordination and/or supervision of programs, faculty, staff, volunteers and budget	
Facilities, equipment, supplies and budget oversight.	
Other (NOT SCORED)	




Classified Staffing Request	Classified Position Title:		Department:	
Please upload or provide a description below of the classified position:				
Description of Need:		<p>There are 2 parts to a staffing request: One section is titled “<u>Description of Need</u>” and the second section is titled “<u>Other Criteria</u>”. This section is worth 9 points. Please provide narrative below.</p>		
Question:	Narrative:			
Why is this position needed?				
How is this need currently being met? (Increase in hours, PT, overtime, consultants, interim)				
What is or has been the impact of not having this need met? Please describe any limitations.				
Are there any facility needs? (Larger space, office needs) If so, please explain.				



Other Criteria:	Each criteria is worth <u>3 points each</u> . There is a space designated as “Other” in which you can include any additional information that may impact scores.
Criteria:	Narrative:
Supports: Mendocino College Mission (Transfer, Basic Skills, CTE); and Strategic Goals —Be specific about how the position supports the mission or goals	
Supports: Education Master Plan /EAP Priorities; Student Equity Plan; Technology Plan; Facilities Plan —be specific about how the position supports one of these (or other) plans	
Program or Work Area Growth/Changes: Describe changes in the department, such as grants, initiatives or other changes/increases in work that support this proposal.	
Facilities, equipment, supplies and budget oversight.	
Other (NOT SCORED)	



Classified Staffing Request	Classified Position Title:		Department:	
Please upload or provide a description below of the classified position:				
Description of Need:		<p>There are 2 parts to a staffing request: One section is titled <u>“Description of Need”</u> and the second section is titled <u>“Other Criteria”</u>. This section is worth 9 points. Please provide narrative below.</p>		
Question:		Narrative:		
Why is this position needed?				
How is this need currently being met? (Increase in hours, PT, overtime, consultants, interim)				
What is or has been the impact of not having this need met? Please describe any limitations.				
Are there any facility needs? (Larger space, office needs) If so, please explain.				



Other Criteria:	Each criteria is worth <u>3 points each</u> . There is a space designated as “Other” in which you can include any additional information that may impact scores.
Criteria:	Narrative:
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Supports: Education Master Plan /EAP Priorities; Student Equity Plan; Technology Plan; Facilities Plan —be specific about how the position supports one of these (or other) plans	
Program or Work Area Growth/Changes: Describe changes in the department, such as grants, initiatives or other changes/increases in work that support this proposal.	
Facilities, equipment, supplies and budget oversight.	
Other (NOT SCORED)	





B. 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 NO, 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, 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



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

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?	
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	



C. Facility Requests

If no requests are to be made, click here		Program or Department:	
Request#1:			
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#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	



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 2017-2018 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?	
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?	
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?	
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:	



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.?



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 2017-2018, 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 I 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 II 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		
VPESS	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	VPESS	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

If you are 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 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.

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:

Empty space for student success data analysis.

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?

Empty space for CTE 2 yr Curriculum/Prerequisite Review.



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?



SLO/SAO #1

Course/ Area Assessed this Year	
Specific <u>SLO/SAO</u> Assessed	
Assessment Technique(s)	
<u>ISLO</u> Addressed	
Findings	
Conclusions	



SLO/SAO #2

Course/ Area Assessed this Year	
Specific <u>SLO/SAO</u> Assessed	
Assessment Technique(s)	
<u>ISLO</u> Addressed	
Findings	
Conclusions	



SLO/SAO #3

Course/Area Assessed this Year	
Specific <u>SLO/SAO</u> Assessed	
Assessment Technique(s)	
<u>ISLO</u> Addressed	
Findings	
Conclusions	



SLO/SAO #4

Course/ Area Assessed this Year	
Specific <u>SLO/SAO</u> Assessed	
Assessment Technique(s)	
<u>ISLO</u> Addressed	
Findings	
Conclusions	



SLO/SAO #5

Course/ Area Assessed this Year	
Specific <u>SLO/SAO</u> Assessed	
Assessment Technique(s)	
<u>ISLO</u> Addressed	
Findings	
Conclusions	



SLO/SAO #6

Course/ Area Assessed this Year	
Specific <u>SLO/SAO</u> Assessed	
Assessment Technique(s)	
<u>ISLO</u> Addressed	
Findings	
Conclusions	



SLO/SAO #7

Course/ Area Assessed this Year	
Specific <u>SLO/SAO</u> Assessed	
Assessment Technique(s)	
<u>ISLO</u> Addressed	
Findings	
Conclusions	



SLO/SAO #8

Course/Area Assessed this Year	
Specific <u>SLO/SAO</u> Assessed	
Assessment Technique(s)	
<u>ISLO</u> Addressed	
Findings	
Conclusions	



SLO/SAO #9

Course/Area Assessed this Year	
Specific <u>SLO/SAO</u> Assessed	
Assessment Technique(s)	
<u>ISLO</u> Addressed	
Findings	
Conclusions	



SLO/SAO #10

Course/Area Assessed this Year	
Specific <u>SLO/SAO</u> Assessed	
Assessment Technique(s)	
<u>ISLO</u> Addressed	
Findings	
Conclusions	



Not in Group C?	Program Review Part II – GROUP B ONLY	Non-Instructional
	INSTRUCTIONAL DEPARMENTS	

Only programs and areas listed under GROUP B 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](#) and/or [Degrees/Certs Earned](#)

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:

Empty space for reporting previous assessment results and actions taken/resolutions.

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

Empty space for providing a 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:

Large empty text area for providing comments.



College Strategic Goal 1: Support and enhance an equitable campus culture and environment to support a diverse student population through vibrant, relevant and inclusive campus and community experiences.

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: Support and create more professional development opportunities that will strengthen our inclusive, equitable and ethnically diverse college and community.

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: Foster ongoing student, faculty and staff learning communities where continued reflection, growth, and support promote campus diversity, equity and student success

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: Develop classroom practices which value diverse student voices and experiences, create safe learning environments.

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: Assess the needs of students and employers to support and expand Career Technical Education programs.

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:

<p>What are the Strengths of your program?</p>	
<p>What are its weaknesses and how might they be addressed?</p>	
<p>Are any changes in the field anticipated that will affect your program?</p>	
<p>Are any curricular changes (modifying a program, adding new classes, adding prerequisites to improve success in a course, inactivating a certificate) called for?</p>	
<p>Are any new resources required?</p>	



Not in Group C?	Program Review Part II-GROUP B ONLY				Instruction
	NON-INSTRUCTIONAL				
Only programs and areas listed under GROUP B 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					
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:



MENDOCINO-LAKE COMMUNITY COLLEGE DISTRICT

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**You have completed your 2017-2018
Program Review. Please click the
submit button below:**