

Program Review Part IB - Other Requests

Instructions: Please submit your completed Program Review forms by May 10, 2020 If you need technical assistance, please contact Minerva Flores at mflores@mendocino.edu (mailto:mflores@mendocino.edu) or x3011. For further questions, please contact dpolak@mendocino.edu (mailto:dpolak@mendocino.edu).

**\*** Required

\* This form will record your name, please fill your name.

1. Program/Area Title: \*
2. Program Contact: \*
3. Supervisor/Dean: \*
4. President/Vice-President \*

 Superintendent/President

 Assistant Superintendent/Vice-President of Administrative Services

 Vice-President of Academic Affairs

 Vice-President of Student Services

1. Date of Report \*



Format: M/d/yyyy

# Department/Area Objectives

Please list 2-5 Objectives for your department and fill out the text tables below

1. Objective 1 (what change do you want to make?) \*
2. Why? (how will this improve the student experience?) \*
3. When? What’s your timeline? \*
4. Who will be most responsible? \*
5. Outcomes. How will you know the objective is effective? \*
6. Objective 2 (what change do you want to make?) \*
7. Why? (how will this improve the student experience?) \*
8. When? What’s your timeline? \*
9. Who will be most responsible? \*
10. Outcomes. How will you know the objective is effective? \*
11. Do you need to include another objective? \*

 Yes

 No

1. Objective 3 (what change do you want to make?) \*
2. Why? (how will this improve the student experience?) \*
3. When? What’s your timeline? \*
4. Who will be most responsible? \*
5. Outcomes. How will you know the objective is effective? \*
6. Do you need to include another objective? \*

 Yes

 No

1. Objective 4 (what change do you want to make?) \*
2. Why? (how will this improve the student experience?) \*
3. When? What’s your timeline? \*
4. Who will be most responsible? \*
5. Outcomes. How will you know the objective is effective? \*
6. Do you need to include another objective? \*

 Yes

 No

1. Objective 5 (what change do you want to make?) \*
2. Why? (how will this improve the student experience?) \*
3. When? What’s your timeline? \*
4. Who will be most responsible? \*
5. Outcomes. How will you know the objective is effective? \*

# Part 1B. 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
5. Do your items qualify as Equipment? \*

 Yes

 No

# 5 Year Equipment Request

Please download the template at this link ("5 Year Equipment Plan Template") and upload to your program [review with your equipment requests: https://www.mendocino.edu/college/institutional-research/additional-](https://www.mendocino.edu/college/institutional-research/additional-resources)

 [resources (https://www.mendocino.edu/college/institutional-research/additional-resources). Please](https://www.mendocino.edu/college/institutional-research/additional-resources) reference the CCCCO equipment submission to update any requests: https://mendocinocollege- my.sharepoint.com/:x:/g/personal/cchapman\_mendocino\_edu/Ef-

J F7BiV6BDtviob7mrG0gBZvnbRls5SvgDN2eESzPXeg?e=XfXhBA (https://mendocinocollege- my.sharepoint.com/:x:/g/personal/cchapman\_mendocino\_edu/Ef-

J F7BiV6BDtviob7mrG0gBZvnbRls5SvgDN2eESzPXeg?e=XfXhBA)

1. Upload Template \*

*Template*

 Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

# Part IB. Information Technology Requests

1. Are you making any Technology Requests? \*

 Yes

 No

1. How does this request support your department’s objectives? \*
2. Is this request "New" or a "Replacement"? \*

 New

 Replacement

1. What is your IT request? \*

*Narrative*

1. Is this request critical to your area or department? \*

 Yes

 No

1. How does this request relate to the Mendocino College Mission? \*

*Narrative*

1. How does this request relate to the Mendocino College Vision? \*

*Narrative*

1. How does this request relate to Mendocino College’s Strategic Goals? \*

*Narrative*

1. How does this request support your department/area SLO/SAO’s? \*

*Narrative*

1. Does this request support a state and/or federal Mandate? \*

 Yes

 No

1. Total Cost \*

*Include projected cost*

The value must be a number

1. Additional Comments

*Narrative*

1. Do you need to make an additional Information Technology Request? \*

 Yes

 No

1. How does this request support your department’s objectives? \*
2. Is this request "New" or a "Replacement"? \*

 New

 Replacement

1. What is your IT request? \*

*Narrative*

1. Is this request critical to your area or department? \*

 Yes

 No

1. How does this request relate to the Mendocino College Mission? \*

*Narrative*

1. How does this request relate to the Mendocino College Vision? \*

*Narrative*

1. How does this request relate to Mendocino College’s Strategic Goals? \*

*Narrative*

1. How does this request support your department/area SLO/SAO’s? \*

*Narrative*

1. Does this request support a state and/or federal Mandate? \*

 Yes

 No

1. Total Cost \*

*Include projected cost*

The value must be a number

1. Additional Comments

*Narrative*

1. Do you need to make an additional Information Technology Request? \*

 Yes

 No

1. How does this request support your department’s objectives? \*
2. Is this request "New" or a "Replacement"? \*

 New

 Replacement

1. What is your IT request? \*

*Narrative*

1. Is this request critical to your area or department? \*

 Yes

 No

1. How does this request relate to the Mendocino College Mission? \*

*Narrative*

1. How does this request relate to the Mendocino College Vision? \*

*Narrative*

1. How does this request relate to Mendocino College’s Strategic Goals? \*

*Narrative*

1. How does this request support your department/area SLO/SAO’s? \*

*Narrative*

1. Does this request support a state and/or federal Mandate? \*

 Yes

 No

1. Total Cost: \*

*Include projected cost*

The value must be a number

1. Additional Comments

*Narrative*

1. Do you need to make an additional Information Technology Request? \*

 Yes

 No

1. How does this request support your department’s objectives? \*
2. Is this request "New" or a "Replacement"? \*

 New

 Replacement

1. What is your IT request? \*

*Narrative*

1. Is this request critical to your area or department? \*

 Yes

 No

1. How does this request relate to the Mendocino College Mission? \*

*Narrative*

1. How does this request relate to the Mendocino College Vision? \*

*Narrative*

1. How does this request relate to Mendocino College’s Strategic Goals? \*

*Narrative*

1. How does this request support your department/area SLO/SAO’s? \*

*Narrative*

1. Does this request support a state and/or federal Mandate? \*

 Yes

 No

1. Total Cost \*

*Projected total cost*

The value must be a number

1. Additional Comments

*Narrative*

# Part IB. Facility Requests

1. Are you making any Facility Requests? \*

 Yes

 No

1. How does this request support your department’s objectives? \*
2. What are your Facility Needs? Please Describe \*
3. Do you have any safety needs with this request? Please Describe \*
4. Does this request involve serving more students? Please Describe \*
5. Are you experiencing, or expecting, growth in your area or department? Please Describe

\*

1. Is this request essential to your department or program operations? Please Describe \*
2. How does this request relate to Mendocino College’s Mission? \*
3. How does this request relate to Mendocino College’s Strategic Goals? \*
4. Does this request contribute to the achievement of your program or department’s SLO/SAO’s? Please Describe \*
5. Does this request involve ADA compliance? Please Describe \*
6. Total Cost \*

*Include total projected cost*

The value must be a number

1. Do you need to make an additional Facilities Request? \*

 Yes

 No

1. How does this request support your department’s objectives? \*
2. What are your Facility Needs? Please Describe \*
3. Do you have any safety needs with this request? Please Describe \*
4. Does this request involve serving more students? Please Describe \*
5. Are you experiencing, or expecting, growth in your area or department? Please Describe

\*

1. Is this request essential to your department or program operations? Please Describe \*
2. How does this request relate to Mendocino College’s Mission? \*
3. How does this request relate to Mendocino College’s Strategic Goals? \*
4. Does this request contribute to the achievement of your program or department’s SLO/SAO’s? Please Describe \*
5. Does this request involve ADA compliance? Please Describe \*
6. Total Cost \*

*Include projected cost*

The value must be a number

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 Yes

 No

1. How does this request support your department’s objectives? \*
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5. Does this request involve ADA compliance? Please Describe \*
6. Total Cost \*

*Include projected cost*

The value must be a number

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4. Does this request contribute to the achievement of your program or department’s SLO/SAO’s? Please Describe \*
5. Does this request involve ADA compliance? Please Describe \*
6. Total Cost \*

*Total projected cost*

The value must be a number

# Part IB. Professional Development Requests

List the departmental requirements/plans for professional development not included in your normal budget. These requests will be considered for the 2021-2022 academic year

1. Are you making any Professional Development Requests? \*

 Yes

 No

1. How does this request support your department’s objectives? \*
2. What is the professional development request? \*
3. Who will attend? \*
4. What are the dates? \*
5. How does this request relate to the Mendocino College’s Mission? \*
6. How does this request relate to the Mendocino College’s Vision? \*
7. How does this request relate to the Mendocino College’s Strategic Goals? \*
8. How does this request contribute to the achievement of SLO/SAO’s? \*
9. Total Cost \*

*Include projected cost*

The value must be a number

1. Do you need to make an additional Professional Development Request? \*

 Yes

 No

1. How does this request support your department’s objectives? \*
2. What is the professional development request? \*
3. Who will attend? \*
4. What are the dates? \*
5. How does this request relate to the Mendocino College’s Mission? \*
6. How does this request relate to the Mendocino College’s Vision? \*
7. How does this request relate to the Mendocino College’s Strategic Goals? \*
8. How does this request contribute to the achievement of SLO/SAO’s? \*
9. Total Cost \*

*Include projected cost*

The value must be a number

1. Do you need to make an additional Professional Development Request? \*

 Yes

 No

1. How does this request support your department’s objectives? \*
2. What is the professional development request? \*
3. Who will attend? \*
4. What are the dates? \*
5. How does this request relate to the Mendocino College’s Mission? \*
6. How does this request relate to the Mendocino College’s Vision? \*
7. How does this request relate to the Mendocino College’s Strategic Goals? \*
8. How does this request contribute to the achievement of SLO/SAO’s? \*
9. Total Cost \*

*Include projected cost*

The value must be a number

1. Do you need to make an additional Professional Development Request? \*

 Yes

 No

1. How does this request support your department’s objectives? \*
2. What is the professional development request? \*
3. Who will attend? \*
4. What are the dates? \*
5. How does this request relate to the Mendocino College’s Mission? \*
6. How does this request relate to the Mendocino College’s Vision? \*
7. How does this request contribute to the achievement of SLO/SAO’s? \*
8. Total Cost \*

*Include projected cost*

The value must be a number

# Part IB. Outreach and Recruitment

1. Are you making any Outreach and/or Marketing Requests? \*

 Yes

 No

1. How does this request support your department’s objectives? \*
2. What is your Outreach request? \*

*Narrative (If none, please type "none")*

1. What marketing services do you need? \*

*Narrative (If none, please type "none")*

1. What graphic art services do you need? \*

*Narrative (If none, please type "none")*

1. Funding Available in area or department? \*

 Yes

 No

1. Total Cost \*

*Include projected cost*

The value must be a number

1. Do you need to make an additional Outreach and/or Marketing requests? \*

 Yes

 No

1. How does this request support your department’s objectives? \*
2. What is your Outreach request? \*

*Narrative (If none, please type "none")*

1. What marketing services do you need? \*

*Narrative (If none, please type "none")*

1. What graphic art services do you need? \*

*Narrative (If none, please type "none")*

1. Funding Available in area or department? \*

 Yes

 No

1. Total Cost \*

*Include projected cost*

The value must be a number

1. Do you need to make an additional Outreach and/or Marketing requests? \*

 Yes

 No

1. How does this request support your department’s objectives? \*
2. What is your Outreach request? \*

*Narrative (If none, please type "none")*

1. What marketing services do you need? \*

*Narrative (If none, please type "none")*

1. What graphic art services do you need? \*

*Narrative (If none, please type "none")*

1. Funding Available in area or department? \*

 Yes

 No

1. Total Cost \*

*Include projected cost*

The value must be a number

1. Do you need to make an additional Outreach and/or Marketing requests? \*

 Yes

 No

1. How does this request support your department’s objectives? \*
2. What is your Outreach request? \*

*Narrative (If none, please type "none")*

1. What marketing services do you need? \*

*Narrative (If none, please type "none")*

1. What graphic art services do you need? \*

*Narrative (If none, please type "none")*

1. Funding Available in area or department? \*

 Yes

 No

1. Total Cost \*

*Include projected cost*

The value must be a number

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