

**2016-17 ADMINISTRATIVE UNIT PROGRAM REVIEW**

**UNIT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*Completed Program Reviews Are Due to Carolyn Scott by 12 pm on Friday, December 2, 2016.\*\*\***

**STATEMENT OF PURPOSE:**

* Review and reflect on the support of student learning, with the goal of assessment and improvement of program effectiveness
* Provide a forum for each unit’s findings to be included in institutional planning processes
* Create written records of what is working well, what can be improved, and specific plans for implementing chosen improvements
* Collect information that will contribute to institutional assessment and improvement

**INSTRUCTIONS:** This program review covers the timeframe fall 2015 and spring 2016, inclusive. The planning is identified for spring 2017 and academic year 2017-2018.

# MISSION

## State the current program mission

|  |
| --- |
|  |

## The mission of Las Positas College is,

*Las Positas College is an inclusive, student-centered institution providing learning opportunities and support for completion of transfer, degree, basic skills, career-technical, and retraining goals*.

# Discuss how the program/service area supports the college mission.

|  |
| --- |
|  |

## List the major functions/duties of your unit.

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |

# GOALS AND OBJECTIVES

A. Since the last Administrative Unit Program Review, what objectives, initiatives, or plans have been achieved and how?

|  |
| --- |
|  |

B. Major Goals and Objectives for Spring 2017 and AY 2017-18.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Major Goals and/or Objectives | Start Date | Status: Ongoing, date completion anticipated | Need Assistance in order to complete goal or objective (reference applicable resource request page) | EMP Goals or Planning Priorities linked to this Goal/Objective |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

# PROGRAM ASSESSMENT/ADMINISTRATIVE UNIT OUTCOMES

A. Program Assessments for spring 2016 and fall 2016, (please include the results of the fall 2016 Administrative Offices User Survey).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Administrative Unit Outcome that was Assessed | What assessment methods did you use? | What result did you get? | How will you use the results of the assessment? | Educational Master Plan Goals or Planning Priorities Linked to AUOs |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

B. Program Assessment Planning for fall 2016 and AY 2017-18

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Administrative Unit Outcome to be Assessed | What assessment methods do you plan to use? | When will assessment be conducted and reviewed? | What result, target, or value will represent success at achieving this outcome? | How do you anticipate using the results from the assessment? | Educational Master Plan Goals or Planning Priorities Linked to AUOs |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# STAFFING

A. Staff Profile

|  |  |  |
| --- | --- | --- |
| **Position** | **Staffing Levels for Each of the Previous Five Years** | **Anticipated total staff needed** |
| **2012** | **2013** | **2014** | **2015** | **2016** |  | **2017-2018** | **2018-2019** |
| Administration |  |  |  |  |  |  |  |  |
| Supervisory |  |  |  |  |  |  |  |  |
| Classified Staff FT |  |  |  |  |  |  |  |  |
| Classified Staff PT |  |  |  |  |  |  |  |  |
| Confidential Staff FT |  |  |  |  |  |  |  |  |
| **Total Full Time Equivalent Staff** |  |  |  |  |  |  |  |  |

B. Staffing Needs

**NEW OR REPLACEMENT STAFF (Administrator, Faculty or Classified)**

|  |  |  |  |
| --- | --- | --- | --- |
| **List Staff Positions Needed for Academic Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Place titles on list in order (rank) or importance. | **Indicate (N) = New or (R) = Replacement**  | **Estimated Annual Total Cost**  | **EMP Goals or Planning Priorities Linked to Position** |
| **1.**Reason:  |  |  |  |
| **2.**Reason: |  |  |  |
| **3.**Reason: |  |  |  |
| **4.**Reason: |  |  |  |
| **5.**Reason: |  |  |  |
| **6.** Reason: |  |  |  |

# FACILITIES

A. Facilities Needs

**FACILITIES NEEDS**

|  |  |
| --- | --- |
| **List the Facilities Need and the Reason** | **EMP Goals or Planning Priorities Linked to Position** |
| **1.**Reason:  |  |
| **2.**Reason: |  |
| **3.**Reason: |  |
| **4.**Reason: |  |
| **5.**Reason: |  |
| **6.** Reason: |  |

# TECHNOLOGY AND EQUIPMENT

A. Technology and Equipment Needs

**TECHNOLOGY AND EQUIPMENT NEEDS**

|  |  |  |  |
| --- | --- | --- | --- |
| **List the Technology and Equipment Needs**Place titles on list in order (rank) or importance. | **Indicate (N) = New or (R) = Replacement**  | **Estimated Annual Total Cost of Ownership**  | **EMP Goals or Planning Priorities Linked to Position** |
| **1.**Reason:  |  |  |  |
| **2.**Reason: |  |  |  |
| **3.**Reason: |  |  |  |
| **4.**Reason: |  |  |  |
| **5.**Reason: |  |  |  |
| **6.** Reason: |  |  |  |

# PROFESSIONAL DEVELOPMENT

Professional Development Needs

|  |  |  |
| --- | --- | --- |
| **List Professional Development Needs.** Reasons might include in response to assessment findings or the need to update skills to comply with state, federal, professional organization requirements or the need to update skills/competencies. Please be as specific and as brief as possible. Some items may not have a direct cost, but reflect the need to spend current staff time differently. Place items on list in order (rank) or importance. | **Annual TC**  | **EMP Goals or Planning Priorities Linked to Position** |
| Cost per item | Number Requested | Total Cost |
| **1.**Reason: |  |  |  |  |
| **2.**Reason: |  |  |  |  |
| **3.**Reason: |  |  |  |  |
| **4.**Reason: |  |  |  |  |
| **5.**Reason: |  |  |  |  |
| **6.** Reason: |  |  |  |  |