

**2018-19 ADMINISTRATIVE UNIT PROGRAM REVIEW**

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

**\*\*\*Completed Program Reviews Are Due to Rajinder Samra by 12 pm on Tuesday, December 4, 2018.\*\*\***

**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 2017 and spring 2018, inclusive. The planning is identified for spring 2019 and academic year 2019-2020.

# MISSION

## State the current program mission

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| --- |
|  |

## The mission of Las Positas College is the following:

*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 2019 and AY 2019-20.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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) | Educational Master Plan (EMP) Goals or Planning Priorities linked to this Goal/Objective |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

# PROGRAM ASSESSMENT VIA ADMINISTRATIVE OFFICES USER SURVEY (please fill out this section only if your program was listed in the survey)

A. Program Assessment via the Fall 2018 Administrative Offices User Survey.

|  |  |  |
| --- | --- | --- |
| What results did you get from the survey? | If applicable, how will you address any challenges identified in the results? | Educational Master Plan Goals or Planning Priorities Linked to How You Will Address the Results. |
|  |  |  |

# STAFFING

A. Staff Profile

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Position** | **Staffing Levels for Each of the Previous Five Years** | | | | | | **Anticipated total staff needed** | |
| **2014** | **2015** | **2016** | **2017** | **2018** |  | **2019-2020** | **2020-2021** |
| 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

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| --- | --- | --- | --- | --- |
| **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: |  |  |  |  |