

**2020-21 ADMINISTRATIVE UNIT PROGRAM REVIEW**

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

**\*\*\*Please submit your completed Program Review to Sheri Moore by 12 pm on Monday, March 1st to Sheri Moore.\*\*\***

**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

**Timeframe:** This program review reflects on the time period between spring 2020 through fall 2020 and plans for spring 2021 through fall 2021.

# MISSION

## State the current program mission

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| --- |
|  |

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

*Las Positas College provides an inclusive, learning-centered, equity-focused environment that offers educational opportunities and support for completion of students’ transfer, degree, and career-technical goals while promoting lifelong learning.*

# 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?

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| --- |
|  |

B. Major Goals and Objectives for Spring 2021 through Fall 2021.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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. |  |  |  |  |

# STAFFING

A. Staff Profile

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Position** | **Staffing Levels for Each of the Previous Five Years** | | | | | | **Anticipated total staff needed** | |
| **2016** | **2017** | **2018** | **2019** | **2020** |  | **2021-2022** | **2022-2023** |
| 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: |  |  |  |  |