

Program Review

Each program or service area of Santa Monica College is expected to engage in an ongoing process of self-reflection and assessment of program effectiveness. Program review is designed to facilitate and document this process, with program improvement as the intended outcome. Programs and service areas must complete an in-depth report every 6 years; a shorter report covering more limited information is due annually. Certain information included in the annual reports will be automatically aggregated in the 6 year report.

Information submitted in both the 6 year and annual report will be considered by the Program Review Committee. Annual reports will be reviewed by the area vice-presidents and relevant information shared with appropriate planning bodies. Through an annual report to the District Planning and Advisory Committee (DPAC), the Program Review committee forwards information and makes recommendations that are considered in annual institutional planning processes.

Program Information

Program name _____
 Academic year _____
 Program contact _____ Extension _____

Program Type

Check all boxes that apply to your program.

- Instructional
- Career Technical Education (CTE)
- Student or Instructional Support Service
- Administrative Service

Review Period

- 6 year
- Annual

A. Program Description and Goals

This section addresses the big picture. Prompts should help you describe your program and goals and the relationship to the institutional mission, vision and goals, and how the program is funded.

1. Describe the program and/or service area under review and how the program supports the mission of Santa Monica College.

6 yr, **annual**

2. Identify the overarching goal(s) or charge/responsibilities of the program or service area. If appropriate, include ensuring/monitoring compliance with state, federal or other mandates.

6 yr, **annual**

3. If applicable, describe how the Institutional Learning Outcomes (ILOs), Supporting Goals, and/or Strategic Initiatives of the institution are integrated into the goals of the program or service area.

6 yr

4. If your program receives operating funding from any source other than District funds identify the funding source. If applicable, note the start and end dates of the funding (generally a grant), the percentage of the program budget supported by non-District funding, and list any staff positions funded wholly or in part by non-District funds. Do not include awards for non-operational items such as equipment (ex. VTEA) or value added activities (ex Margin of Excellence).

6 yr, annual

B. Populations Served

In this section you will provide information that describes who your program or service area serves.

When comparing data from different periods, use a consistent time frame (ex. Compare one fall term to another fall term)

1. Describe the students your program serves in terms of ethnicity, race, gender, age, residency status, citizenship, educational goal, enrollment status, and full/part-time status. Note any changes in student or enrollment data since the last program review.

6 yr

2. Compare your student population with the college demographic. Are the students in your program different from the college population? Reflect on whether your program is serving the targeted student population.

6 yr

3. Discuss any significant change(s) in the population(s) served since the last full program review and the possible reasons for the change(s).

6 yr

C. Program Evaluation

In this section programs/units are to identify how, what, and when program evaluation takes place and summarize the results from data collected. Please use Section D to address program responses to the findings described in this section.

Programs/units with multiple disciplines or functions may choose to answer the following questions for each area. Please indicate the number of different disciplines or functions for which information will be provided, and copy, insert and answer one set of questions per discipline, function, or program.

| | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| Set #1 Program or Function: _____ | Set #2 Program or Function: _____ | Set #3 Program or Function: _____ |
|--------------------------------------|--------------------------------------|--------------------------------------|

- List your student or instructional support service SLOs or UOs.
SLOs are specific, measurable statements of what a student should know, be able to do, or value when they complete a program/course or sequence of activities. An SLO focuses on specific knowledge, attitudes, or behaviors that students will demonstrate or possess as a result of instruction or program activity.

UO statements focus on service or operational outcomes such as:

- *Volume of unit activity*
- *Efficiency (responsiveness, timeliness, number of requests processed, etc.)*
- *Effectiveness of service in accomplishing intended outcomes (accuracy, completeness, etc.)*
- *Compliance with external standards/regulations*
- *Client/customer satisfaction with services*

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| 6 yr, annual |
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- Describe when and how the program assesses these SLOs and UOs and uses the results to inform program planning including:
 - how outcomes are assessed and how often
 - the assessment tool(s) used
 - the sample (who gets assessed)
 - how and when the program reviews the results and who is engaged in the process

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| 6 yr |
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- What other evaluation measures does your student or instructional support service use to inform planning? (For example, surveys, longitudinal data, support service use, etc.) Note trends, differences in performance by group (ethnicity, gender, age), and any unusual patterns in student success and retention.

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| 6 yr, annual |
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D. Program Improvement

In this section, please document what you did last year as a result of what you described in Section C and what you are planning to do for the coming year.

Part 1: Looking back

In this section, please summarize your response to last year's planning efforts.

1. Note the status of the previous year's objectives.

[This relates to an automated response feature expected with the future online submission. If your program set specific objectives for the previous year, please summarize them and indicate whether each objective has been completed, is still in progress, or has been eliminated. Add comments if you feel further explanations are needed. If your program did not set yearly objectives, you may omit this item for the 2012-2013 review.]

2. List accomplishments, achievements, activities, initiatives undertaken, and any other positives the program wishes to note and document.

6 yr, **annual**

3. Summarize how the program or service area addressed the recommendations for program strengthening from the executive summary of the previous six-year program review.

6 yr

4. Describe any changes or activities your program or service area has made that are not addressed in the objectives, identify the factors that triggered the changes, and indicate the expected or anticipated outcomes.

6 yr, **annual**

5. If your program received one time funding of any kind indicate the source, how the funds were spent, and the impact on the program (benefits or challenges).

6 yr, **annual**

Part 2: Moving forward

In this section, please indicate what your plans are for the coming year(s).

6. Discuss and summarize conclusions drawn from data, assessments (SLO, UO), or other evaluation measures identified in Section C and indicate responses or programmatic changes planned for the coming year(s), including:
- how the assessment results are informing program goals and objectives, program planning, and decision-making
 - specific changes planned or made to the program based on the assessment results

6 yr, **annual**

7. List the objectives or target goals your program or service area has identified for the coming year. Indicate the number of objectives identified. _____ Use the comments section to indicate the reason for the objective (assessment results, changes in data, changes in external factors, etc.). Indicate how each objective or goal links to the division goals. Boxes for reporting three objectives have been included here. Please copy and insert boxes if additional objectives are proposed.

| | | |
|---|---|---|
| Objective 1: | | |
| Area/Discipline/Function Responsible: | | |
| Assessment Data and Other Observations: | | |
| <input type="checkbox"/> SLO Assessment Data and/or <input type="checkbox"/> SUO Assessment Data and/or <input type="checkbox"/> UO Assessment Data | <input type="checkbox"/> TIMS Report Data <input type="checkbox"/> Institutional Research Data | <input type="checkbox"/> Other data or observed trends (briefly describe in the comments field below) |
| External Factors: | | |
| <input type="checkbox"/> Program Review Committee Commendation | <input type="checkbox"/> Program Review Committee Recommendation | <input type="checkbox"/> Program Review Recommendation for Institutional Support |
| <input type="checkbox"/> SMC Strategic Initiative (indicate specific initiatives in the comments section below) | <input type="checkbox"/> SMC Master Plan for Education Objective #____ | <input type="checkbox"/> Advisory Board Recommendation (for CTE only) |
| <input type="checkbox"/> Other Factors (briefly describe below): | | |
| Timeline and Activities to accomplish the objective: | | |
| Describe how objective will be assessed/measured: | | |
| Comments: | | |

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| Objective 2: | | |
| Area/Discipline/Function Responsible: | | |
| Assessment Data and Other Observations: | | |
| <input type="checkbox"/> SLO Assessment Data and/or <input type="checkbox"/> SUO Assessment Data and/or <input type="checkbox"/> UO Assessment Data | <input type="checkbox"/> TIMS Report Data <input type="checkbox"/> Institutional Research Data | <input type="checkbox"/> Other data or observed trends (briefly describe in the comments field below) |
| External Factors: | | |
| <input type="checkbox"/> Program Review Committee Commendation | <input type="checkbox"/> Program Review Committee Recommendation | <input type="checkbox"/> Program Review Recommendation for Institutional Support |
| <input type="checkbox"/> SMC Strategic Initiative (indicate specific initiatives in the comments section below) | <input type="checkbox"/> SMC Master Plan for Education Objective #____ | <input type="checkbox"/> Advisory Board Recommendation (for CTE only) |
| <input type="checkbox"/> Other Factors (briefly describe below): | | |
| Timeline and Activities to accomplish the objective: | | |
| Describe how objective will be assessed/measured: | | |
| Comments: | | |

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| Objective 3: | | |
| Area/Discipline/Function Responsible: | | |
| Assessment Data and Other Observations: | | |
| <input type="checkbox"/> SLO Assessment Data and/or <input type="checkbox"/> SUO Assessment Data and/or <input type="checkbox"/> UO Assessment Data | <input type="checkbox"/> TIMS Report Data <input type="checkbox"/> Institutional Research Data | <input type="checkbox"/> Other data or observed trends (briefly describe in the comments field below) |
| External Factors: | | |
| <input type="checkbox"/> Program Review Committee Commendation | <input type="checkbox"/> Program Review Committee Recommendation | <input type="checkbox"/> Program Review Recommendation for Institutional Support |
| <input type="checkbox"/> SMC Strategic Initiative (indicate specific initiatives in the comments section below) | <input type="checkbox"/> SMC Master Plan for Education Objective #____ | <input type="checkbox"/> Advisory Board Recommendation (for CTE only) |
| <input type="checkbox"/> Other Factors (briefly describe below): | | |
| Timeline and Activities to accomplish the objective: | | |
| Describe how objective will be assessed/measured: | | |
| Comments: | | |

E. Community Engagement

1. List the engagement of program members in institutional efforts such as committees and presentations, and departmental activities.

6 yr, **annual**

2. If applicable, discuss the engagement of program members with the local community, industry, professional groups, etc.)

6 yr, **annual**

3. Discuss the relationship among program faculty and staff, between program faculty, staff and students, and the involvement of program faculty and staff with other programs or areas.

6 yr

F. Future Trends, Program Planning, Conclusions and Recommendations

The following items are intended to help programs identify, track, and document unit planning and actions and to assist the institution in broad planning efforts.

1. Present any conclusions and recommendations resulting from the self-evaluation process.

6 yr, **annual**

CURRENT TRENDS, PLANNING, RECOMMENDATIONS

2. Identify any issues or needs impacting program effectiveness or efficiency for which institutional support or resources will be requested in the coming year. [This information will be reviewed and considered in institutional planning processes but does not supplant the need to request support or resources through established channels and processes].

6 yr, **annual**

3. If applicable, list additional capital resources (facilities, technology, equipment) that are needed to support the program as it currently exists. [*This information will be reviewed and considered in institutional planning processes but does not supplant the need to request resources through established channels and processes*].

6 yr, **annual**

4. If applicable, list additional human resources (staffing, professional development, staff training) needed to support the program as it currently exists. [*This information will be reviewed and considered in institutional planning processes but does not supplant the need to request resources through established channels and processes*].

6 yr, **annual**

5. List all current positions assigned to the program.

6 yr, **annual**

FUTURE TRENDS, PLANNING, RECOMMENDATIONS

6. Projecting toward the future, what trends could potentially impact the program? What changes does the program anticipate in 5 years; 10 years? Where does the program want to be? How is the program planning for these changes?

6 yr **annual**

7. If applicable, list additional capital resources (facilities, technology, equipment) that will be needed to support proposed changes. *[This information will be reviewed and considered in institutional planning processes but does not supplant the need to request resources through established channels and processes].*

6 yr, **annual**

8. If applicable, list additional human resources (staffing, professional development, staff training) that will be needed to support proposed changes. *[This information will be reviewed and considered in institutional planning processes but does not supplant the need to request resources through established channels and processes].*

6 yr, **annual**

9. If applicable, note particular challenges the program faces including those relating to categorical funding, budget, and staffing.

6 yr, **annual**

10. Please use this field to share any information the program feels is not covered under any other questions.

6 yr, **annual**

G. Executive Summary

These fields to be filled out by the Program Review committee. Reports will be sent to the program and will be available on-line to populate relevant fields in the annual report and the next 6 year report.

Narrative

Commendations

Recommendations for Program Strengthening

Recommendations for Institutional Support

Resources, note on appendices etc.

DATA

Institutional Research website
CalPASS
Chancellor's Office Data mart
TIMS reports
SLO Assessment Data
ISIS data
Placement data

RESOURCES

Program Review website
Institutional Effectiveness website
Curriculum website
Mission, Vision, Goals
ILOs
Strategic Initiatives
Definitions for course and program SLOs & SUOs
VTEA Core indicators
CPEC- Transfer data
IPEDS- Federal data
Clearing House data