

**Fall 2022**

**Student and Instructional (Tutoring and Library) Service Areas**

 **Comprehensive Program Review Template Fall 2022**

**NOTE THAT ALL PROGRAM REVIEWS MUST BE SUBMITTED ONLINE VIA ONLINE SURVEY FORM.**

**THIS FORM IS PROVIDED FOR RESPONSE DRAFTING AND PLANNING PURPOSES ONLY.**

**EMAILS WITH THE LINK TO EACH SERVICE AREA’S ONLINE MODULE WILL BE PROVIDED IN FALL 2022.**

**IF YOU HAVE QUESTIONS ABOUT THE SURVEYMONKEY PROGRAM REVIEW MODULE, PLEASE CONTACT THE INSTITUTIONAL EFFECTIVENESS, SUCCESS, AND EQUITY OFFICE AT (619) 660-4380 brianna.hays@gcccd.edu.**

**Service Area Overview and Update**

1. Department(s) Reviewed:

2. Lead Author and Collaborators:

3. Manager:

4. Collaboration Date: Date your service area met with your dean or manager to discuss your vision, goals, and resource needs/requests [MM/DD/YYYY]

**Service Area Reflection and Description**

5. Provide your service area’s mission statement. If your service area does not have a mission statement, what is your timeline for creating a mission statement?

6. Is the service area description in the current college catalog up to date and accurate?

 [ ]  Yes [ ]  No: What steps will you take to revise the college catalog description?

7. Describe how your service area advances the [College's new vision of equity, excellence, and social justice through education?](https://www.cuyamaca.edu/about-cuyamaca-college/our-vision-mission-and-values/index.php) How does the service area reflect the College’s mission and values?

**Student and Instructional Service Area Assessment & Data Analysis**

Please refer to your service area comparison reports and other data provided by the Institutional Effectiveness, Success, and Equity Office or from within your program to address the following questions. If your service area does not yet have student service access/utilization and demographic data, please contact Brianna.Hays@gcccd.edu.

**Student Access, Learning, and Achievement**

**Student Access:**

*Data are required to answer these questions. If no data are available, please describe the plan to gather, discuss, and use these data in the future.*

8. How do the students served by the service area differ from the College's overall student population, if at all?

9. Which groups of students are underrepresented among those who received services, particularly by race/ethnicity and gender?

10. How will you improve representation in access to services in your department? Consider implications for outreach, marketing, and/or communication, for example.

11. How does the service area ensure it is identifying and addressing the needs of the student population?

**Student Outcomes:**

*Service areas are collecting data in many different ways. Please discuss the success service utilization and/or other data relevant to your service area. Data are required to answer these questions. If no data are available, please describe the plan to gather, discuss, and use these data in the future.*

12. Which groups of students are experiencing equity gaps, particularly by race/ethnicity and gender?

13. How will the department address these equity gaps, if any?

14. How will you measure the success of your efforts to address equity gaps?

**Student Learning Outcome and Service Area Outcome Assessment**

15. Has your department updated its Service Area Outcomes (SAOs) and/or Student Learning Outcomes (SLOs) since 2020?

☐ Yes ☐ No, please describe the department’s plan to update them

16. Does your service area have a current [SLO/SAO assessment plan](https://docs.google.com/document/d/1Nz1zdJAdL_bzQ3z8ACXj5xzznOhYZx0I/edit?usp=sharing&ouid=113087740607092468438&rtpof=true&sd=true)?

☐ Yes ☐ No, please describe your plan to update it

If yes, please upload:

17. What are your department’s key assessment findings over the past 4 years? Please address each of your current SLOs/SAOs in your response.

18. What will you change (department improvements or changes) over the next 4 years as a result of your assessment findings?

**Strengths, Challenges & External Influences**

Consider your service area’s strengths, challenges, areas for improvement, and internal and external factors impacting services in your department.

19. Please describe your service area strengths.

20. Please describe your service area challenges.

21. Please describe external influences that affect your service area (both positively and negatively).

22. Given these factors, what opportunities exist for the service area to advance the College’s goals in the next 4 years?

## Previous Goals:

**For each of your program’s goals (as noted in your Fall 2021 program review annual update), please provide a goal status update and, if applicable, the results of these actions. For a list of active goals as of Fall 2021, visit the program review website to access the Previously Submitted Program Reviews Fall 2021 Program Reviews page.**

Previous Goal 1:

Goal Status

[ ]  In Progress

[ ]  Completed

[ ]  Not Started

[ ]  Deleted

***If Deleted or Completed:***

Please describe the results or explain the reason for deletion/completion of the goal:

***If Continuing (Not Started or In Progress):***

Link to [College Strategic Goal](https://www.cuyamaca.edu/about-cuyamaca-college/our-vision-mission-and-values/) (Which College Strategic Goal does this department goal most directly support? (***Check only one***)

[ ]  Increase equitable access (enrollment)

[ ]  Eliminate equity gaps in course success (passing grades) rates

[ ]  Increase persistence (students re-enrolling semester after semester) and eliminate equity gaps

[ ]  Increase completion rate (graduation with a degree/certificate or transfer within 4-years) and eliminate equity gaps

[ ]  Increase hiring and retention of diverse employees

Action Steps for the Next Year: *If you are requesting resources in order to achieve this goal, please list them below as action steps and specify the type of request (e.g., submit technology request for new laptop computers).*

What resources, if any, are needed to achieve this goal? Please select all that apply. Note that links to request forms for each request are included below. All resource requests are due on the program review deadline.

[ ]  New faculty position [link to request form]

[ ]  New classified position [link to request form]

[ ]  Technology [link to request form]

[ ]  Facilities renovation [link to request form]

[ ]  Supplies, equipment, and/or furniture [link to request form]

[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_ [link to request form]

(Repeated as needed)

##  4-Year Goals

**Please describe the department’s long-term, overarching goals for this comprehensive program review cycle (the next 4 years). Please state the new goal(s), summarize key action steps for the next academic year, and describe your plan to evaluate the outcomes/results of these actions. You may include previous goals that the program is continuing into this comprehensive program review cycle. PRSC recommends identifying a small number of (1 to 4) broad goals to address over the next four years so that they can help the program focus its efforts.**

**New Goal 1:**

Link to 2022-2028 College Strategic Goal: Which College Strategic Goal does this department goal most directly address? (**C*heck only one***)

[ ]  Increase equitable access (enrollment)

[ ]  Eliminate equity gaps in course success (passing grades) rates

[ ]  Increase persistence (students re-enrolling semester after semester) and eliminate equity gaps

[ ]  Increase completion rate (graduation with a degree/certificate or transfer within 4-years) and eliminate equity gaps

[ ]  Increase hiring and retention of diverse employees

Please describe how this goal advances the college strategic goal identified above.

Please indicate how this goal was informed by SLO assessment results, PLO assessment results, student achievement data, or other data:

Action Steps for this Year:

What resources, if any, are needed to achieve this goal in the next 4 years? Please select all that apply. Note that links to request forms for each request are included below and due on the program review deadline.

[ ]  New faculty position [link to request form]

[ ]  New classified position [link to request form]

[ ]  Technology [link to request form]

[ ]  Facilities renovation [link to request form]

[ ]  Supplies, equipment, and/or furniture [link to request form]

[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_ [link to request form]

How will this goal be evaluated?

[Repeated as needed up to 4 goals]

**RESOURCES NEEDED TO ACHIEVE PROGRAM GOALS**

**Faculty Resource Needs**

*Contact Person: Alicia Munoz (alicia.munoz@gcccd.edu)*

***Link to Faculty Staff Request Form- One form must be submitted for each request***

*Please submit an electronic Faculty Position Request Form for each position your department is requesting. A copy of the request form is posted to the* [*Program Review webpage*](https://www.cuyamaca.edu/about-cuyamaca-college/planning/program-review.php) *(under the Staffing Request Information menu) for planning purposes.*

 **Classified Staff Resource Needs**

*Contact Person: Jessica Robinson jessica.robinson@gcccd.edu*

***Link to Classified Position Request Form- One form must be submitted for each request***

*Please submit an electronic Classified Position Request Form for each position your department is requesting. A copy of the request form is posted to the* [*Program Review webpage*](https://www.cuyamaca.edu/about-cuyamaca-college/planning/program-review.php) *(under the Staffing Request Information menu) for planning purposes.*

**Technology Resource Needs**

*Contact Person: Jodi Reed (jodi.reed@gcccd.edu)*

***Link to Technology Request Form- One form must be submitted for each request***

**Supplies, Equipment & Other Resource Needs**

*Contact Person: Nicole Salgado (nicole.salgado@gcccd.edu)*

***Link to Supplies, Equipment & Other Resources Request Form-One form must be submitted for each request***

**Facilities Resource Needs**

 *Contact Person: Francisco Gonzales (francisco.gonzalez@gcccd.edu)*

***Link to Facilities Request Form- One form must be submitted for each request***

**Have you completed all of the other sections of this program review?**

☐ Yes ☐ No