**EVC Institutional Effectiveness Committee**

**Program Review Feedback and Evaluation Form**

**Program/Department Title: Outreach and Recruitment Services Date: 3/31/14**

**Name of IEC Member (person completing this form): Felicia Mesa**

**Summary Section**

**1. Brief summary of program**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments:**

**2. Program’s definition of success and how it is measured**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments:**

**3. Results of any success measures applied**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments:**

**4. Where would you like the program to be three years from now?**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments:**

**Part A: Overview of Program**

**1. & 2. Program’s CTA’s and their alignment with the college’s goals**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments: No mention of CTAs, though you could use some of your areas of improvement in developing your CTAs.**

**3. & 4. State three recent accomplishments of the program (related to college’s goals). State the goals and focus of the department/program and how they contribute to college mission/goals.**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments:**

**5, 6, 7, & 8. Data on student demographics, enrollment, productivity, and success rates. Should include analysis of any patterns or trends.**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments:**

**9. Advisory Committee (if applicable)**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments: N/A**

**Part B: Curriculum**

**1, 2, & 3. Identify all courses and explain their importance. State how program has remained current in the discipline. Have all courses been updated in last six years? If not, present a plan for completion.**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments: N/A**

**4 & 5. Describe any innovative strategies or pedagogy. Discuss plans for future curricular modification.**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments: N/A**

**6 & 7. Explain any articulation. Describe any outside accreditation or certification.**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments: N/A**

**Part C: Student Learning Outcomes**

**1. Course level SLOs.**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments: N/A**

**2. Program level SLOs (for certificates or degrees).**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments: No Program SLOs**

**3. Describe all assessment mechanisms you are using to evaluate SLOs. Provide results of analysis.**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments:**

**Part D: Faculty and Staff**

**1 & 2. List current faculty and staff members. List professional development activities they have completed in last six years.**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments: Consider including professional development activities.**

**3 & 4. Identify current schedule for tenure review, regular faculty evaluation, adjunct faculty evaluation, and classified staff evaluation. Describe departmental orientation or mentoring process for new hires.**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments: Consider including last review dates and specific timeline for future review schedules**

**Part E: Facilities, Equipment, Materials and Maintenance**

**1. Identify and discuss current facilities, equipment, materials, and maintenance. Identify and explain additional needs and rationale.**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments: No information given.**

**2. Describe use and currency of technology. Identify projected needs.**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments: I believe this is N/A**

**3. Support that program receives from industry (if applicable).**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments: N/A**

**Part F: Future Needs**

**1. Current budget: (A) Fund 10, (B) Fund 17, (C) Explain any grants or external funding sources**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments:**

**2. Outside funding sources for which program would be a good candidate. Any plans to apply.**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments:**

**3. Unmet needs and plans for addressing them. Any additional resources needed for this.**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments:**

**4. Any needed faculty and staff positions over the next six years. Any needed facilities, equipment, or supplies over the next six years (above and beyond current budget).**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments:**

**Parts H, G, and I**

**Additional Information. Annual Reviews. Resource Allocation Table.**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments:**

**OVERALL SUMMARY: IEC Member’s evaluation of this Program Review as a whole. Please include your checkbox rating as well as written comments.**

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **Adequate** |
|  | **Inadequate or Incomplete** |

**Comments: The overall evaluation was good. The areas for improvement, listed at the end of the review, will help strengthen the next program review.**