

INSTRUCTIONAL PROGRAM REVIEW

Annual Program Review Update

Unit*: _____

Campus: _____

Contact Person: _____

Due: May 15, 2009



Riverside Community College District
Office of Institutional Effectiveness

Web Resources: <http://www.rccdfaculty.net/pages/programreview.jsp>

Last Revised: ~~January 14~~ March 18, 2009

** You may submit as a discipline, closely related disciplines, or by department. If this is a combined submission please note which disciplines are included.*

Annual Program Review Update

Instructions

The Annual Self-Study is conducted by each unit on each campus and consists of an analysis of changes within the unit as well as significant new funding needs for staff, resources, facilities, and equipment. It should be **submitted or renewed every year by May 15th** in anticipation of budget planning for the fiscal year, which begins July 1 of the *following* calendar year.

Extensive data sets have been distributed to all Department Chairs and are linked to the Program Review website (password 11111). Chairs have received training on the use of these data sets. Please consult with your Department Chair or Raj Bajaj for assistance interpreting the data relevant to your discipline. Note that you are only required to mention data relevant to your analysis or requests. Should you wish assistance with research *analysis* please fill out the form at <http://academic.rcc.edu/ir/requestform.html> and you will be contacted to schedule a time to discuss analysis of your data. You may also request a labor market analysis using this form.

The questions on the subsequent pages are intended to assist you in planning for your unit. **If there is no change from your prior report, you may simply resubmit the information in that report (or any portion that remains constant) from the prior year.**

Please include pertinent documents such as student learning outcomes assessment reports and data analysis specifically supporting any requests for new faculty, facilities or equipment. You are encouraged to use lists, tables, and other formatting to clarify your requests and make them easy for large committees to review quickly. If there may be negative consequences for enrollment, safety or other important concerns if the funding is not provided please make this known in context.

The forms that follow are separated into pages for ease of distribution to relevant subcommittees. **Please keep the pages separated** if possible (though part of the same electronic file), **with the headers as they appear**, and be sure to include your unit, campus, contact person (this may change from topic to topic) and date on each page submitted. Don't let formatting concerns slow you down. If you have difficulty with formatting, the Administrative Support Center can adjust the document for you. Simply add responses to those questions that apply and forward the document to the Administrative Support Center with a request to format it appropriately.

If you cannot identify in which category your request belongs., if you have complex funding requests please schedule an appointment with your campus' Vice President for Business Services right away. They will assist you with estimating the cost of your requests. For simple requests such as the cost of a staff member, please e-mail your Vice President. It is vital to include cost estimates in your request forms.

Moreno Valley:	Reagan Romali, 951-571-6341
Norco:	Norm Godin, 951-372-7157
Riverside:	Becky Elam, 951-222-8307

Please retain this information for your discipline's use and submit an electronic copy to the Kristina Kauffman, (Kristina.kauffman@rcc.edu) in the Office of Institutional Effectiveness. The Office of Institutional Effectiveness will use the document to create a database of requests and will

distribute the report to the relevant offices and committees.

Annual Program Review Update

Unit: _____
Campus: _____
Contact Person: _____
Date: _____

Trends and Relevant Data (part 1)

1. Has there been any change in the status of your unit? (if not, skip to #2)
 - a. Has your unit shifted departments?
 - b. Have new programs been created by your unit?
 - c. Have activities in other units impacted your unit? For example, a new nursing program could cause greater demand for life science courses.
2. Have there been any significant changes in enrollment, retention, success rates, or environmental demographics that impact your discipline (See Dataset provided to all chairs)? If there are no *significant** changes in your unit's opinion, say "None" and skip to question #3.
3. What changes does the unit plan to make to advance enrollment management goals? If your plan necessitates resource changes make sure those needs are reflected in the applicable resource request sections.

**Your unit may define "significant change" in this context for itself. If your unit thinks it's a*

“significant change” then for purposes of this review please note it.

2009

RCCD STUDENT LEARNING OUTCOMES
 COURSE-BASED ASSESSMENT PLANNING
 GUIDE

CONTACT PERSON: Assessment is for single section ___				
multiple sections ___				
CONTACT INFORMATION:			DATE SUBMITTED:	
<input type="checkbox"/> Course		Course Number and Title:		DATE COMPLETED & REPORTED:
LIST SLO TO BE ASSESSED:				
Step 1: Taking Stock	Step 2: Time & Methods of Assessment	Step 3: Measurement Criteria	Step 4: Summary and Analysis of Data	Step 5: Use of Results and Modifications
WHY?	HOW?	WHAT?	RESULTS	Act, enact, and disseminate
<p>Provide a clear “picture” of why you selected this student learning outcome and explain the project or assignment you will be using as the assessment tool. Attach relevant documents to this sheet.</p> <p><i>Why?</i></p> <ol style="list-style-type: none"> 1. ___improve instruction 2. ___student success rates 3. ___equity 4. ___retention rates 5. ___persistence rates 6. ___course completion rate 7. ___other 	<p>How will the learning outcome be assessed?</p> <ol style="list-style-type: none"> 1. ___Student self reported gains 2. ___Portfolio 3. ___Analytic Rubric 4. ___Pre/Post Assessment 5. ___Other <p>Describe how the selected tool “fits” your assessment.</p>	<p>What are your expectations? If this is the first assessment you have created, you may not have a specific benchmark or goal for this particular project. As you embed assessment in your teaching, you will begin to develop benchmarks.</p> <p>Examples:</p> <ol style="list-style-type: none"> 1. ___specific % of all submissions will display competency 1. ___specific % of all performances will indicate competency 2. ___benchmark not available; assessment activity to serve as initial benchmark. 3. ___other 	<p>Analyze and report on the results of the assessment. Use the first 3 steps in this process..</p> <p style="text-align: center;"><i>Reporting Out:</i></p> <ol style="list-style-type: none"> 1. Provide overview of process selecting outcome, identifying methods and criteria and results from the activity. 2. Provide specific analysis of data from assessment and discuss the successes or concerns related to what the data indicates regarding student learning. 3. Include all potential links to other outcomes in the course, other courses, or any other parts of the institution you deem appropriate. 	<p>Report on how you will use the results of the assessment for improving teaching and learning.</p> <p><i>Reporting Out (cont):</i> EXAMPLES: Do the results of this assessment indicate a need for another assessment? When? Why?</p> <p>As a result of the assessment, is the unit considering any modifications to improve the learning outcome? What are they? When will they occur? Do they involve other units?</p>

Assessment Detail

Please provide narrative details for previous worksheet(s).

Unit: _____

Campus: _____

Contact Person: _____

Date: _____

Course _____

#5. Step 4, 1: Provide overview of process selecting outcome; identifying methods, criteria and results from the activity.

#5, Step 4, 2: Provide specific analysis of data from assessment and discuss the successes or concerns related to what the data indicates regarding student learning.

#5, Step 4, 3: Include all potential links to other outcomes in the course, other courses, or any other parts of the institution you deem appropriate.

#5, Step 5, 1: Do the results of this assessment indicate a need for another assessment? When? Why?

5, Step 5, 2: As a result of the assessment, is the unit considering any modifications to improve the learning outcome? What are they? When will they occur? Do they involve other units?

RCCD STUDENT LEARNING OUTCOMES
COURSE-BASED ASSESSMENT PLANNING
GUIDE

CONTACT PERSON:		Assessment is for single section ____ multiple sections ____		
CONTACT INFORMATION:		DATE SUBMITTED:		
<input type="checkbox"/> Course		Course Number and Title:		DATE COMPLETED & REPORTED:
LIST SLO TO BE ASSESSED:				
Step 1: Taking Stock	Step 2: Time & Methods of Assessment	Step 3: Measurement Criteria	Step 4: Summary and Analysis of Data	Step 5: Use of Results and Modifications
WHY?	HOW?	WHAT?	RESULTS	Act, enact, and disseminate
<p>Provide a clear “picture” of why you selected this student learning outcome and explain the project or assignment you will be using as the assessment tool. Attach relevant documents to this sheet.</p> <p><i>Why?</i></p> <ol style="list-style-type: none"> ___improve instruction ___student success rates ___equity ___retention rates ___persistence rates ___course completion rate ___other 	<p>How will the learning outcome be assessed?</p> <ol style="list-style-type: none"> ___Student self reported gains ___Portfolio ___Analytic Rubric ___Pre/Post Assessment ___Other <p>Describe how the selected tool “fits” your assessment.</p>	<p>What are your expectations? If this is the first assessment you have created, you may not have a specific benchmark or goal for this particular project. As you embed assessment in your teaching, you will begin to develop benchmarks.</p> <p>Examples:</p> <ol style="list-style-type: none"> ___specific % of all submissions will display competency ___specific % of all performances will indicate competency ___benchmark not available; assessment activity to serve as initial benchmark. ___other 	<p>Analyze and report on the results of the assessment. Use the first 3 steps in this process..</p> <p><i>Reporting Out:</i></p> <ol style="list-style-type: none"> Provide overview of process selecting outcome, identifying methods and criteria and results from the activity. Provide specific analysis of data from assessment and discuss the successes or concerns related to what the data indicates regarding student learning. Include all potential links to other outcomes in the course, other courses, or any other parts of the institution you deem appropriate. 	<p>Report on how you will use the results of the assessment for improving teaching and learning.</p> <p><i>Reporting Out (cont):</i></p> <p>EXAMPLES:</p> <p>Do the results of this assessment indicate a need for another assessment? When? Why?</p> <p>As a result of the assessment, is the unit considering any modifications to improve the learning outcome? What are they? When will they occur? Do they involve other units?</p>

Assessment Detail

Please provide narrative details for previous worksheet(s).

Unit: _____
Campus: _____
Contact Person: _____
Date: _____

Course _____

#5. Step 4, 1: Provide overview of process selecting outcome; identifying methods, criteria, and results from the activity.

#5, Step 4, 2: Provide specific analysis of data from assessment and discuss the successes or concerns related to what the data indicates regarding student learning.

#5, Step 4, 3: Include all potential links to other outcomes in the course, other courses, or any other parts of the institution you deem appropriate.

#5 Step 5, 1: Do the results of this assessment indicate a need for another assessment? When? Why?

#5 Step 5, 2: As a result of the assessment, is the unit considering any modifications to improve the learning outcome? What are they? When will they occur? Do they involve other units?

Annual Program Review Update

Unit: _____
Campus: _____
Contact Person: _____
Date: _____

Human Resource Status

6. Complete the Faculty and Staff Employment Grid below. Please list full and part time faculty numbers in separate rows. Please list classified staff who are full and part time separately:

Faculty and Staff Employed in the Unit		
Assignment (e.g. Math, English)	Full-time faculty or staff (give number)	Part-time faculty or staff (give number)

Unit Name: _____

7. Staff Needs

NEW OR REPLACEMENT STAFF (Faculty or Classified)¹

<p style="text-align: center;">List Staff Positions Needed for Academic Year _____ <u>Please justify and explain each faculty request based on rubric criteria. Please be as specific and as brief as possible when offering a reason for your campus.</u> Place titles on list in order (rank) or importance.</p>	<p style="text-align: center;"><u>Indicate (N) = New or (R) = Replacement</u></p>	<p style="text-align: center;">Annual TCP*</p>
<p>1. <u>Reason:</u></p>		
<p>2. <u>Reason:</u></p>		
<p>3. <u>Reason:</u></p>		
<p>4. <u>Reason:</u></p>		
<p>5. <u>Reason:</u></p>		
<p>6. <u>Reason:</u></p>		

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* TCP = "Total Cost of Position" for one year is the cost of an average salary plus benefits for an individual. New positions (not replacement positions) also require space and equipment. Please speak with your campus Business Officer to obtain accurate cost estimates. Please be sure to add related office space, equipment and other needs for new positions to the appropriate form and mention the link to the position. Please complete this form for "New" Classified Staff only. All replacement staff must be filled per Article I, Section C of the California School Employees Association (CSEA) contract.

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¹ If your SLO assessment results make clear that particular resources are needed to more effectively serve students please be sure to note that in the "reason" section of this form.

Unit Name: _____

8. Equipment (excluding technology) Needs Not Covered by Current Budget²

List Equipment or Equipment Repair Needed for Academic Year _____ Please list/summarize the needs of your unit on your campus below. Please be as specific and as brief as possible. Place items on list in order (rank) or importance.	*Indicate whether Equipment is for (I) = Instructional or (N) = Non-Instructional purposes	Annual TCO**		
		Cost per item	Number Requested	Total Cost of Request
1. Reason:				
2. Reason:				
3. Reason:				
4. Reason:				
5. Reason:				
6. Reason:				

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* Instructional Equipment is defined as equipment purchased for instructional activities involving presentation and/or hands-on experience to enhance student learning and skills development (i.e. desk for student or faculty use).
Non-Instructional Equipment is defined as tangible district property of a more or less permanent nature that cannot be easily lost, stolen or destroyed; but which replaces, modernizes, or expands an existing instructional program. Furniture and computer software, which is an integral and necessary component for the use of other specific instructional equipment, may be included (i.e. desk for office staff).

** TCO = "Total Cost of Ownership" for one year is the cost of an average cost for one year. Please speak with your campus Business Officer to obtain accurate cost estimates. Please be sure to check with your department chair to clarify what your current budget allotment are. If equipment needs are linked to a position please be sure to mention that linkage.

² If your SLO assessment results make clear that particular resources are needed to more effectively serve students please be sure to note that in the "reason" section of this form.

2009

Unit Name: _____

9. Technology++ Needs Not Covered by Current Budget:³

NOTE: Technology; excludes software, network infrastructure, furniture, and consumables (toner, cartridges, etc)

Submitted by:	Title:	Phone:
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Annual TCO*

Priority	EQUIPMENT REQUESTED	New (N) or Replacement (R)?	Program: New (N) or Continuing (C) ?	Location (i.e Office, Classroom, etc.)	Is there existing infrastructure ?	How many users served?	Has it been repaired frequently?	Cost per item	Number Requested	Total Cost of Request
1. Usage / Justification										
2. Usage / Justification										
3. Usage / Justification										
4. Usage / Justification										
5. Usage / Justification										

- TCO = “Total Cost of Ownership” for one year is the cost of an average cost for one year. Please speak with your campus Business Officer to obtain accurate cost estimates. Please be sure to check with your department chair to clarify what your current budget allotment are. If equipment needs are linked to a position please be sure to mention that linkage. [Please speak with your Microsupport Computer Supervisor to obtain accurate cost estimates.](#)
- ++Technology is (1) equipment that attaches to a computer, or (2) a computer is needed to drive the equipment.

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[Remember to keep in mind your campuses prioritization rubrics when justifying your request.](#)

³ If your SLO assessment results make clear that particular resources are needed to more effectively serve students please be sure to note that in the “justification” section of this form.

Unit Name: _____

10. Facilities Needs Not Covered by Current Building or Remodeling Projects*⁴

List Facility Needs for Academic Year _____ (Remodels, Renovations or added new facilities) Place items on list in order (rank) or importance.	Annual TCO*
	Total Cost of Request
1. <u>Reason:</u>	
2. <u>Reason:</u>	
3. <u>Reason:</u>	
4. <u>Reason:</u>	
5. <u>Reason:</u>	
6. <u>Reason:</u>	

[*Please contact your campus VP of Business or your Director of Facilities, Operations and Maintenance to obtain an accurate cost estimate and to learn if the facilities you need are already in the planning stages.](#)

~~[*Please speak with your campus Business Officer to obtain accurate cost estimates and to learn if the facilities you need are already in the planning stages.](#)~~

⁴ If your SLO assessment results make clear that particular resources are needed to more effectively serve students please be sure to note that in the “reason” section of this form.

Unit Name: _____

11. Professional or Organizational Development Needs Not Covered by Current Budget*⁵

List Professional Development Needs for Academic Year _____. Reasons might include in response to AUO 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 cost per se, but reflect the need to spend current staff time differently. Place items on list in order (rank) or importance.	Annual TCO*		
	Cost per item	Number Requested	Total Cost of Request
1. <u>Reason:</u>			
2. <u>Reason:</u>			
3. <u>Reason:</u>			
4. <u>Reason:</u>			
5. <u>Reason:</u>			
6. <u>Reason:</u>			

*It is recommended that you speak with Human Resources or the Management Association to see if your request can be met with current budget.

⁵ If your SLO assessment results make clear that particular resources are needed to more effectively serve students please be sure to note that in the “reason” section of this form.

2009

Unit Name: _____

12. OTHER NEEDS not covered by current budget⁶

List Other Needs for Academic Year _____ that you are certain do not fit <u>elsewhere.</u> <u>Please list/summarize the needs of your unit on your campus below.</u> Please be as specific and as brief as possible. Not all needs will have a cost, but may require a reallocation of current staff time. Place items on list in order (rank) or importance.	Annual TCO*		
	Cost per item	Number Requested	Total Cost of Request
1. <u>Reason:</u>			
2. <u>Reason:</u>			
3. <u>Reason:</u>			
4. <u>Reason:</u>			
5. <u>Reason:</u>			
6. <u>Reason:</u>			

⁶ If your SLO assessment results make clear that particular resources are needed to more effectively serve students please be sure to note that in the “reason” section of this form.

Unit Name: _____

13. Student Support Services (see definition below**) Needed by the Unit over and above what is currently provided. These needs will be communicated to Student Services⁷

List Student Support Services Needs for Academic Year _____ Please list/summarize the needs of your unit on your campus below. Please be as specific and as brief as possible. Not all needs will have a cost, but may require a reallocation of current staff time.
1. <u>Reason:</u>
2. <u>Reason:</u>
3. <u>Reason:</u>
4. <u>Reason:</u>
5. <u>Reason:</u>
6. <u>Reason:</u>

**Student Support Services include for example: Tutoring, counseling, international students, EOPS, job placement, admissions and records, student assessment (placement), health services, student activities, college safety and police, food services, student financial aid, and matriculation.

⁷ If your SLO assessment results make clear that particular resources are needed to more effectively serve students please be sure to note that in the “reason” section of this form.

Unit Name: _____

14. Library Needs Not Covered by Current Library Holdings⁸ Needed by the Unit over and above what is currently provided.
These needs will be communicated to the Library

List Library Needs for Academic Year
Please list/summarize the needs of your unit on your campus below. Please be as specific and as brief as possible. Place items on list in order (rank) or importance.
1. <u>Reason:</u>
2. <u>Reason:</u>
3. <u>Reason:</u>
4. <u>Reason:</u>
5. <u>Reason:</u>
6. <u>Reason:</u>

⁸ If your SLO assessment results make clear that particular resources are needed to more effectively serve students please be sure to note that in the “reason” section of this form.

Unit Name: _____

Learning Support Services Not Covered by Current budget*.

<u>List Learning Support Services Needs</u> Please list funding requests related to the Writing and Reading Center, the Math Learning Center, Tutorial Services, and the Instructional Media Center. These do not include laboratory components that are required of a course. Place items on list in order (rank) or importance.	<u>Total Cost of Requests</u>			
	<u>Cost per item</u>	<u>Number Requested</u>	<u>Total Cost</u>	<u>Ongoing (O) or one-time (OT) cost</u>
<u>1.</u> <u>Reason:</u>				
<u>2.</u> <u>Reason:</u>				
<u>3.</u> <u>Reason:</u>				
<u>4.</u> <u>Reason:</u>				
<u>5.</u> <u>Reason:</u>				

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*It is recommended that you speak with your campus IMC and/or Lab Coordinators to see if your request can be met within the current budget and to get an estimated cost if new funding is needed.