

PORTERVILLE COLLEGE
PROGRAM REVIEW REPORT: NON-INSTRUCTIONAL PROGRAMS

Name of Program/Operational Area:

Contact Person:

Submission Date:

[Note: The information in this area will repeat on all pages.]

Porterville College Mission Statement:

With students as our focus, Porterville College provides our local and diverse communities quality education that promotes intellectual curiosity, personal growth, and lifelong learning, while preparing students for ~~vocational~~ **career** and academic success.

In support of our values and philosophy, Porterville College will:

1. Provide quality academic programs to all students who are capable of benefiting from community college instruction.
2. Provide comprehensive support services to help students achieve their personal, ~~vocational~~ **career** and academic potential.
3. Prepare students for transfer and success at four-year institutions.
4. Provide courses and training to prepare students for employment or to enhance skills within their current careers.
5. Provide developmental education to students who need to enhance their knowledge and understanding of basic skills.
6. Recognize student achievement through awarding degrees, certificates, grants, and scholarships.

Program Mission Statement:

(Please list the mission statement of the program or department here)

Student Learning ~~Services Area~~ Outcomes:

~~Please list here the program level outcomes for your area.~~

(Please list your SAOs and provide an overview of the assessments that have been conducted, changes to your program based on those assessments, and your planned assessment cycle. Include target population; assessment timeframe, tool(s) and results; and analysis/action plan with target date.)

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Analysis of Current Performance: Program Analysis and Trends

(Using whatever data or other typical assessment tools are common in your area, please provide here a description of the status of your program or service area, particularly focusing on changes since your most recent program review.) (Please review current performance based on the data provided by the Office of Institutional Research (or other relevant data) for your department(s) and summarize trends for the past three years.)

Changes in Program over Last Three Years

Data Review

Program Strengths

Areas of Improvement

Program Strengths and Areas for Improvement:

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~~(Based on the information above and history since previous review, describe the program's strengths, areas that need improvement, and strategies and actions to make those improvements.)~~

Goals (This section is for you to report on progress on *previously established goals* and listing of ~~new goals~~. If your program is addressing more than 2 goals, please duplicate this page)

Goal(s)	Timetable for Completion Date	Needed resources	Person(s) Responsible	Obstacles to completion (if any)
1.				

Which of numbered items under the Mission Statement (see page 1 of this document) will be furthered if this goal is completed? (select all that apply)

Item 1 ___ Item 2 ___ Item 3 ___ Item 4 ___ Item 5 ___ Item 6 ___

Progress on Goal:

___ Completed (Date)
 ___ Revised (Date)

Comments:

Goal(s)	Timetable for Completion Date	Needed resources	Person(s) Responsible	Obstacles to completion (if any)
2.				

Which of numbered items under the Mission Statement (see page 1 of this document) will be furthered if this goal is completed? (select all that apply)

Item 1 ___ Item 2 ___ Item 3 ___ Item 4 ___ Item 5 ___ Item 6 ___

Progress on Goal:

___ Completed (Date)
 ___ Revised (Date)

Comments:

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DRAFT #5

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Goals (This section is for you to report *new goals* for your program. If your program is creating more than 2 goals, please duplicate this page)

Goal(s)	Timeline for Completion	Needed resources	Person(s) Responsible	Obstacles to completion (if any)
1.				

Which of numbered items under the Mission Statement (see page 1 of this document) will be furthered if this goal is completed? (select all that apply)

Item 1 ___ Item 2 ___ Item 3 ___ Item 4 ___ Item 5 ___ Item 6 ___

Progress on Goal:

___ Completed (Date)
 ___ Revised (Date)

Comments:

Goal(s)	Timeline for Completion	Needed resources	Person(s) Responsible	Obstacles to completion (if any)
2.				

Which of numbered items under the Mission Statement (see page 1 of this document) will be furthered if this goal is completed? (select all that apply)

Item 1 ___ Item 2 ___ Item 3 ___ Item 4 ___ Item 5 ___ Item 6 ___

Progress on Goal:

___ Completed (Date)
 ___ Revised (Date)

Comments:

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TECHNOLOGY REQUEST

Use this section to list any technology needs for your program. It is not necessary to put a price on these items; that will be done by the IT department. If you have more than two technology needs, add rows below.

<u>Technology Need</u>	<u>Justification</u>
Item 1	
Item 2	

FACILITIES REQUEST

Use this section to list any facilities needs for your program. It is not necessary to put a price on these items; that will be done by the Maintenance & Operations department. If you have more than two facilities needs, add rows below.

<u>Facilities Need</u>	<u>Justification</u>
Item 1	
Item 2	

SAFETY & SECURITY REQUEST

Use this section to list any safety & security needs for your program. It is not necessary to put a price on these items; that will be done by the Safety and Security Program Manager. If you have more than two safety & security needs, add rows below.

<u>Safety & Security Need</u>	<u>Justification</u>
Item 1	
Item 2	

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BUDGET REQUEST
(Do not include staff increases in this section)

	Current Budget	Amount of Increase Change	Revised Total
2000 (Student Worker Only)			
4000			
5000			
Other			

Justification:
(Include justification for each amount of increase change requested.)

