**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 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, 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.

**Guided Pathways Framework**:

1. Clarify the Path: Create clear curricular pathways to employment and further education.
2. Enter the Path: Help students choose and enter their pathway.
3. Stay on the Path: Help students stay on their path.
4. Ensure Learning: Ensure that learning is happening with clear outcomes.

**Program Mission Statement**:

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

**Service Area Outcomes (SAOs)**:

(For each Service Area Outcome (SAO) identified by your program, please complete the table below describing how the assessment results have been discussed in the program and how they impact your goals and needs. If your program has more than two SAOs, please add rows.)

|  |  |  |
| --- | --- | --- |
| SAO Statement | Describe assessment results and discussion of this SAO | Describe how the results impact your goals and needs going forward |
| 1. |  |  |
| 2. |  |  |

**Program Analysis and Trends**:

(This section is intended to evaluate your program, including data review, changes over the past three years, progress on previous goals, strengths of the program, and areas for improvement.)

***Data Review***

(Please review data provided by the KCCD Office of Institutional Research here. Discuss trends in your program including things such as enrollment, offerings, demographic trends, course success rates, and awards. Be sure to address any equity issues in your data, including course success rate differences.)

***Changes in Program over Last Three Years***

(Please review significant changes in your division in the past three years, including things such as new or revised curriculum, programs added or discontinued, program growth or decline, significant changes in personnel or policy, local, state or federal policy changes that might impact the program, new or reduced resources, or changes in how the program is organized and managed at the college.)

***Report on Previous Goals***

(In this section, report on goals established in your previous program review. Please include progress to date, including whether the goal is complete, revised, and how any circumstances might have impacted your completion of the goal. If you had more than three goals, please add rows.)

|  |  |
| --- | --- |
| Goal | Status/Progress |
| 1. |  |
| 2. |  |
| 3. |  |

***Program Strengths***

(Based on a review of your outcomes assessments, data, recent changes, and anything else you would like to highlight, please review your current areas of strength.)

***Areas for Improvement***

(Based on a review of your outcomes assessments, data, recent changes, and anything else you would like to highlight, please review your current areas for improvement. Note that the areas of strength and improvement identified here should inform the goals, budget, and other resource requests later in the document.)

**Goals** (This section is for you to report on progress on ***new goals***. If your program is addressing more than 3 goals, please add rows.

Note that for the Mission Statement column, please list the numbered goal(s) from the college Mission Statement and Guided Pathways Pillars (see page 1) that would be furthered if this goal were accomplished.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Goal(s) | Timeline for completion | Needed resources | Person(s) Responsible | Obstacles to completion (if any) | Mission Statement | Guided Pathways Pillars |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |

**Staffing:**

***Current Staffing Levels***

Please use the table below to describe current staffing levels, by employee type. Raw numbers are sufficient, not FTE.

|  |  |  |  |
| --- | --- | --- | --- |
| Full-time | | Part-time | |
| Faculty |  | Faculty |  |
| Temporary |  | Temporary |  |
| Classified |  | Classified |  |
| Management |  | Management |  |

***Request for New/Replacement Staff***

Use one line for each position requested. Justify each position in the space below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Title of Position | Classification  (Faculty, Classified, or Management) | Full or Part  Time | New or Replacement |
| Position 1 |  |  |  |  |
| Position 2 |  |  |  |  |
| Position 3 |  |  |  |  |

Justification:

(Address each position requested. Note that a position need should be demonstrated in earlier sections, such as your needs for improvement or to meet specific goals)

**Resource Requests**

The following four sections are for requesting resources, such as technology, facilities, safety/security, and professional development. Please include all needs, even if you already have identified funds for them. Requests made here should be linked to needs identified in earlier sections (outcomes, areas for improvement, goals). If you have no needs in a particular area, just type NA.

TECHNOLOGY REQUEST

Use this section to list any technology needs for your program. If you have more than two technology needs, add rows below.

|  |  |
| --- | --- |
| Technology Need | Justification |
| Item 1 |  |
| Item 2 |  |

FACILITIES REQUEST

Use this section to list any facilities needs for your program. If you have more than two facilities needs, add rows below.

|  |  |
| --- | --- |
| Facilities Need | Justification |
| Item 1 |  |
| Item 2 |  |

SAFETY & SECURITY REQUEST

Use this section to list any safety & security needs for your program. If you have more than two safety & security needs, add rows below.

|  |  |
| --- | --- |
| Safety & Security Need | Justification |
| Item 1 |  |
| Item 2 |  |

PROFESSIONAL DEVELOPMENT REQUEST

Use this section to list any professional development opportunities you would like to have available for your program. If you have more than two professional development needs, add rows below.

|  |  |
| --- | --- |
| Professional Development Need | Justification |
| Item 1 |  |
| Item 2 |  |

**Budget**

(Please include all budget needs, even if your program is funded entirely by categorical funds. (Do not include staffing n this section.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current Budget | Amount of Change | Revised Total |
| 2000 (Student Workers Only) |  |  |  |
| 4000 |  |  |  |
| 5000 |  |  |  |
| Other |  |  |  |

Justification:

(Please justify all significant expenditures. Note that budget needs should be demonstrated in earlier sections, such as your needs for improvement or to meet specific goals)