Name of Division:
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 Outcomes:

Please summarize assessments that have been conducted at both the course and program level for your division including changes to the courses or programs made based on those assessments.

Name of Division:
Contact Person: Submission Date:

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

Program Analysis and Trends:
(Please review the data provided by the Office of Institutional Research for your division and summarize trends for the past three years. These data cover enrollment, faculty load, productivity, and course retention and success rates.) These data should also be attached with your program review.

Analysis of Performance:
(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.)

Program Strengths

Areas for Improvement

Name of Division:
Contact Person: Submission Date:

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

PORTERVILLE COLLEGE
PROGRAM REVIEW REPORT: INSTRUCTIONAL DIVISIONS

Name of Division:
Contact Person: Submission Date:

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

Goals (This section is for you to report on progress on previously established goals If your program is addressing more than 2 goals, please duplicate this page)

Goal(s)	Timetable 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)	Timetable 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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Name of Division:
Contact Person: Submission Date:

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

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

Goal(s)	Timetable 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)	Timetable 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:

Name of Division:
Contact Person: Submission Date:

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

STAFFING REQUEST

Staff Resources:			
Current Staffing Levels			
Full-time Staff (FTE)		Part-time Staff (FTE)	
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)

PORTERVILLE COLLEGE
PROGRAM REVIEW REPORT: INSTRUCTIONAL DIVISIONS

Name of Division:
Contact Person: Submission Date:

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

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.

Technology Need	Justification
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.

Facilities Need	Justification
Item 1	
Item 2	

PORTERVILLE COLLEGE
PROGRAM REVIEW REPORT: INSTRUCTIONAL DIVISIONS

Name of Division:
Contact Person: Submission Date:

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

BUDGET REQUEST

Budget Worksheet

1000's-3000's Accts	Temporary Labor w/Benefits (student workers, lab aides, etc.) excludes adjunct faculty	Priority	2009/10 Actuals	2010/11 Actuals	2011/12 Actuals	TOTAL 2013/14 Request	Link to California Core Mission Statement	Link to PC Mission Statement	Link to Strategic Plan Initiative/ Goal #
1310	Adjunct								
1320	Intersession								
1330	Overload								
	Subtotal of Temporary labor/Benefits		-						
4000's Accts	**Supplies, Food, Materials**								
4310	Inst Supplies & Materials	1							
4313	Other equipment	3							
	Subtotal of Supplies								
5000's Accts	Services, travel, guest speakers, memberships/dues								
5560	Hazardous Waste Disposal								
5690	Other Maintenance/Repairs								
	Subtotal of Services/Travel								
6000's Accts	Equipment (new or replacement)								
6412	Computer/Technology Equip								
6419	Other Equipment								
	Subtotal of Equipment								
	TOTAL OF BUDGET REQUEST								

Justification:
(Include justification for each amount requested)

Name of Division:
Contact Person: Submission Date:

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

SIGNATURE PAGE

Below, each person who is involved in the program being reviewed should sign. Your signature indicates that you had the opportunity for input into the program review. At the bottom, the administrator overseeing each program should sign.

Name (program participants)

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Area Administrator Signature

_____