

**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 Outcomes:**

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

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**Analysis of Current Performance:**

(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.)

**Program Strengths and Areas for Improvement:**

(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.)

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**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	Needed resources	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	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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**STAFFING REQUEST**

<b><u>Staff Resources:</u></b>				
<b><u>Current Staffing Levels</u></b>		<b><u>Part-time Staff (FTE)</u></b>		
<b><u>Full-time Staff (FTE)</u></b>		<b><u>Part-time Staff (FTE)</u></b>		
Faculty		Faculty		
Temporary		Temporary		
Classified		Classified		
Management		Management		
<p><b><u>Request for New/Replacement Staff</u></b> Use one line for each position requested. Justify each position in the space below.</p>				
	Title of Position	Classification <small>(Faculty, Classified, or Management)</small>	Full or Part Time	New or Replacement
Position 1				
Position 2				
Position 3				
<p>Justification: (Address each position requested)</p>				

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**BUDGET REQUEST**

	Current Budget	Amount of Increase	Revised Total
2000 (Student)			
4000			
5000			
Other			
<b>Justification:</b> (Include justification for each amount of increase requested.)			