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.]

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~~ on courses, curriculum and instruction ~~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 Learning Outcomes:

(Please list your PLOs and provide an overview of the assessments that have been conducted, changes to your program based on those assessments, and your planned assessment cycle.)

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.~~ 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. These data cover enrollment, faculty load, productivity, and course retention and success rates.) ~~These data should also be attached with your program review.~~

Changes in Program over Last Three Years

Data Review

Program Strengths

Name of Division:
Contact Person: Submission Date:

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

Areas for Improvement

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 of Improvement

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 Date	Needed resources	Person(s) Responsible	Obstacles to completion (if any)
1.				

Name of Division:
Contact Person: Submission Date:

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

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:

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)	Timet~~able~~line for Completion	Needed resources	Person(s) Responsible	Obstacles to completion (if any)
1.				

Name of Division:
Contact Person: Submission Date:

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

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)	Timetableline 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:

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.]

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	

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.

Safety & Security 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
(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.)			

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

_____