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 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.

### Program Mission Statement:

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

## Student Learning Outcomes:

(Please summarize assessments that have been conducted on courses for your division including assessment timeframe, tool(s), results, and analysis/action plan.)

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#### **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 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.)

Changes in Program over Last Three Years

Data Review

**Program Strengths** 

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Areas for Improvement					
<u>Goals</u> (This section program is address)			on <i>previously established g</i>	goals. If your	
program is address.	ing more than 2 goa	ais, please dup	ncate this page)		
Goal(s)	Completion	Needed	Person(s) Responsible	Obstacles to	
	Date	resources		completion (if any)	
1.					
Which of numbered	d items under the N	lission Stateme	ent (see page 1 of this doct	ument) will be	
furthered if this goa					
Item 1 Item 7	) Item 3	Itom 1	Item 5 Item 6		
	2 Itelli 5	10111 4	nem 5 nem 0		
Progress on Goal:					
Completed (I	Date )				
	Date )				
Commonter					
Comments:					
Goal(s)	Completion Date	Needed	Person(s) Responsible	Obstacles to completion (if any)	
2.	Date	resources		completion (if any)	
Which of numbered items under the Mission Statement (see page 1 of this document) will be					
furthered if this goa			· · · · · · · · · · · · · · · · · · ·	unient) will be	
		T 4			
Item I Item Z	2 Item 3	item 4	Item 5 Item 6		

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Progress on Goal:					
Completed (Date ) Revised (Date )					
Comments:					
Goals (This section than 2 new goals, p			r program. If your program	m is creating more	
Goal(s)	Timetline for Completion	Needed resources	Person(s) Responsible	Obstacles to completion (if any)	
1.	L				
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)	
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					

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Progress on Goal:	
Completed (Date Revised (Date	) )
Comments:	

Name of Division: Contact Person:

#### Submission Date:

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## STAFFING REQUEST

<b>Staff Resources:</b>					
<b>Current Staffing</b>	Levels				
Full-time Staff		Part-time Staff			
Faculty		Faculty			
Temporary		Temporary			
Classified		Classified			
Management	Management		Management		
Project dates of te Request for New	mporary staff: / <mark>Replacement Staff</mark>				
	ach position requested. Justify ea	ch position in the	snace	helow	
Ose one fine for e	ach position requested. Justify ca	en position in the	space	below.	
	Title of Position	Classification (Faculty, Classified, or Management)	Full Time	or Part e	New or Replacement
Position 1					
Position 2					
Position 3					
Justification:	•	·			
(Address each pos	sition requested)				

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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.

	Justification
Technology Need	
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.

	Justification
<b>Facilities Need</b>	
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.

	Justification
Safety & Security	
Need Item 1	
Item 1	
Item 2	

Name of Division: Contact Person:

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

## PROFESSIONAL DEVELOPMENT REQUEST

Use this section to list any professional development staff would like to participate in for your program. If there is cost associated with the professional development such as conference travel, please include an estimate. If you have more than two professional development request, add rows below.

	Justification
Professional	
<b>Development</b>	
Need Item 1	
Item 1	
Item 2	

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 Change	Revised Total
2000 (Student Worker Only)			
4000			
5000			
Other			
Justification: (Include justification for o	each change requested.)		