Peralta Community College District

Berkeley City College

College of Alameda

Laney College

Merritt College



Counseling

Program Review

Handbook

Fall 2015

Version 3.

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Purpose and Goals

The information gathered during the program review process provides the basis for informed decision making in the Peralta Community College District. Program Review is a systematic process for the collection, analysis, and interpretation of data concerning a program or department and its curriculum. It provides program and/or departmental accountability by collecting, analyzing and disseminating information that will inform integrated planning, resource allocation, and decision-making processes.

The primary goals are to:

* Ensure quality and excellence of academic programs.
* Provide a standardized methodology for review of general counseling.
* Provide a mechanism for demonstrating continuous quality improvement, producing a foundation for action.
* Identify effective and exemplary practices.
* Strengthen planning and decision-making based upon current data.
* Identify resource needs.
* Develop recommendations and strategies concerning future directions and provide evidence supporting plans for the future, within the department, at the college and at the District level.
* Inform integrated planning at all levels within the College and the District.
* Ensure that counseling services reflect student needs, encourage student success, and foster improved teaching and learning.
* Provide a baseline document for demonstration of continuous improvement and use as a reference for future annual program updates.

Components in the Process

The Counseling Program Review process, which occurs every three years, consists of answering a set of questions designed to aid in the examination of counseling services. These questions direct faculty to examine the curriculum, pedagogy, assessment results, SSSP services and resource areas related to student success and to analyze findings in order to develop a plan that will improve the quality of teaching and learning.

The primary components in the Counseling Program Review process include:

* The Counseling Program Review Team
* Core data elements
* Completion of a Counseling Program Review Narrative Report every three years
* Validation of the Counseling Program Review Report
* Completion of three reporting templates (found in the appendix). They are:
* The Counseling *Program Review Resource Requests Template* in which to summarize key resource needs.

* The *Integrated Goal Setting Template* in which to set goals, objectives and action plans based upon the Library Services Program Review findings in alignment with PCCD Strategic Goals and Institutional Objectives.
* The *Validation Process Form* in which to document the validity of the program review.
* Annual Program Updates (APUs), which review progress in meeting goals identified in the Counseling Program Review, are completed in the alternate years within the comprehensive Program Review three year- cycle.

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Thus, the recommendations and priorities from the Counseling Program Review feed directly into the development of discipline/departmental and/or unit plans. In turn, the discipline/departmental and/or unit plans serve as the driving mechanisms in formulation of updated educational, budget, technology and facilities plans.

The Counseling Program Review Team

The Counseling Program Review Team at the College is comprised of the following members:

* Department Chair/Co-chair or discipline designee.
* Division Dean or Vice President of Student Services
* Two additional counseling faculty members.
* All faculty members within a department are encouraged to participate in the Counseling Program Review process, although participation is not mandatory.
* A college body, such as a validation committee or institutional effectiveness committee, comprised of faculty outside of the discipline, department or program.

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The Counseling Program Review Team will analyze the core data elements, course outlines (if applicable), SLO and Service Area Outcomes assessment results, and complete the Counseling Program Review Narrative Report.

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**Validation:** A designated college body, such as a validation committee or institutional effectiveness committee, will review the Counseling Program Review Narrative Report to ensure completeness of the narrative report, the resource needs template, and the goal setting template.

The validation committee will complete the validation form, including signatures, included in Appendix C and make recommendations to the Vice President of Instruction and Vice President of Student Services.

Counseling Core Data Elements

**Part I. District Office**

The *District Office of Institutional Research* will provide the following data to the College discipline, department or program by October 1st of each comprehensive program review year.

1. Instructional Data:

* Total enrollment data for each counseling course (unduplicated) for the last three years disaggregated by age, gender, ethnicity and special populations.
* FTES per FTEF (productivity) by course for the last three years.
* College productivity rate for the last three years.
* Retention rates by course for the last three years.
* Overall college retention rate.
* Course completion (student success) rates, by course for the last three years.
* College course completion rates for the last three years
* Faculty Demographics: Full-time/part-time, age, gender, ethnicity

1. Student Support Services Data (retrieved from SARS):

* Total number of students served disaggregated by age, gender, ethnicity, and special populations (i.e. foster youth, veterans, DSPS, etc.) for the past three years.
* Total number of students that completed orientation for the past three years.
* Total number of students that completed assessment for the past three years.
* Total number of completed Student Educational Plans (SEPs).
* Number of Abbreviated versus Comprehensive SEPs.
* Total number of follow-up services.
* Number of Early Alert referrals.

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**Part II. College**

A. The *Office of Instruction and/or the Curriculum Specialist* at the College will provide the following to the Counseling Chair/Co-chair.

* A list of active counseling courses and the date they were last updated/approved.

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B. The *Office of Instruction and/or SLO Coordinators* at the College will provide the following to the Counseling Chair/Co-chair.

* A list of courses and programs that depicts the current status of assessments at the course level.

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C. The *Office of Instruction* at the College will provide the following to the Counseling Chair/C-chair.

* A copy of the PCCD Strategic Goals and Institutional Objectives for the current academic year.
* A copy of the College Goals and Objectives for the current academic year.

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1. The *Vice President of Student Services and/or the Office of Instruction* will provide the following to the

Counseling Chair/co-chair.

* Student satisfaction/engagement survey results (CSSE, Noel-Levitz, etc.), if applicable.

Definitions

**Discipline:** An individual area of study within a department/program. Each discipline consists of all the courses in the Master Course file that make of the discipline. This is the baseline level of instruction and is linked to a Taxonomy of Programs (TOP) code. TOP is a classification system for academic programs in the California Community Colleges.

**Department/Program**: An organized sequence of courses, or series of interdisciplinary courses, leading to a defined objective, a degree, a certificate, a diploma, a license, or transfer to an institution of higher education (Title 5 Section 55000).

**FTEF (Full Time Equivalent Faculty):** Also known as load equivalency. A full-time instructor teaching 15 lecture hours per week for one semester = 1.0 FTEF. One lecture hour = 50 minute instructional period. One lab hour = .8 of one lecture hour equivalent. This is a semester, or term, measure.

**FTES (Full Time Equivalent Student)**: This measure is used as the basis for computation of state support for California Community Colleges. For example, one student attending 15 hours a week for 35 weeks (one academic year) generates 1 FTES.

**WSCH:**  Weekly Student Contact Hours. For a particular class, Weekly Contact Hours = number of class hours per week, and WSCH for the class = total number of weekly contact hours for all students in the class as of census date.

To compute the FTES generated by a 17.5 week semester class use the formula:

FTES = WSCH x 17.5 / 525

For example, a class of 40 students meeting 3 hours per week generates 120 WSCH, and so

FTES = 120 x 17.5 / 525 = 4.0

**FTES/FTEF (Productivity):** The ratio of full-time equivalent students to full-time equivalent instructors. This is a measure of class size and will differ across disciplines and types of classes. For lecture classes, Productivity = enrollment/2. For example, if there are 35 students in a lecture class, productivity = 35/2 = 17.5.

**Retention:** The percent of students earning any grade but “W” in a course or series of courses. To compute retention for a class, take class completion with grade other than “W” and divide by enrollment at census. Grade other than W = A, B, C, D, F, I, Pass, No Pass, In Progress, Report Delayed, No Grade

**SSSP:** Student Support Services Program (formerly called matriculation). Services are required by the Seymour-Campbell Student Success Act of 2012. These services includes orientation, assessment and placement, educational planning, counseling, advising and follow-up services.

**Student Success:** Course completion rate with a grade “C” or better.

The Counseling Program Review Report

**1. College:**

**Date:**

**Members of the Counseling Program Review Team:**

**Members of the Validation Team:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Narrative Description:**

Please provide a mission statement or a brief general statement of the primary goals and objectives of general counseling. Include any unique characteristics or trends affecting the discipline, and a description of how counseling services align with the college mission statement.

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**3.** **Curriculum**:

Please answer the following questions and/or insert your most recent curriculum review report (within the past 3 years) here.

*Attach the Curriculum Review Report or Answer these Questions:*

* Have all of your course outlines of record been updated or deactivated in the past three years? If not, list the courses that still need updating and specify when your department will update each one, within the next three years.
* What are the discipline, department or program of study plans for curriculum improvement (i.e., courses or programs to be developed, enhanced, or deactivated)?

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**4. Assessment:**

Please answer the following questions and attach the TaskStream “At a Glance” report for your discipline, for the past three years. Please review the “At a Glance” reports and answer the following questions.

*Questions:*

* How does your discipline ensure that students are aware of the learning outcomes of the counseling courses? Where are the counseling course or service area outcomes published? (For example: syllabi, catalog, department website, etc. If they are on a website, please include a live link to the page where they can be found)
* Briefly describe at least two of the **most significant changes/improvements** your discipline made in the past three years as a response to counseling courses or service area assessment results. Please state the course number or service area outcome and assessment cycle (year) for each example and attach the data from the “Status Report” section of TaskStream for these findings.

Improvement 1.

Improvement 2.

* Briefly describe two of the **most significant examples** of plans for counseling courses or service area improvement for the next three years as result of what you learned during the assessment process. Please state the course number or service area outcome and attach the data from the “Assessment Findings and Action Plan” section for each example.

Plan 1.

Plan 2.

* Describe how assessment results for Distance Education counseling courses compare to the results for the corresponding face-to-face classes, if applicable.
* Describe assessment results for counseling courses with multiple sections or sessions. Are there similar results in each section or session?
* Describe your discipline/department’s participation in assessment of institutional level outcomes (ILOs).
* How are counseling courses or service area outcomes aligned with the institutional level outcomes? Please describe and attach the “Goal Alignment Summary” from TaskStream.

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**5.** **Instruction:**

* Describe effective and innovative strategies used by faculty to involve students in the learning process.
* How has new technology been used by the counseling department to improve student learning?
* How does the counseling department maintain the integrity and consistency of academic standards with all methods of delivery, including face to face, and online counseling services?
* Briefly discuss the enrollment trends in counseling courses. Include the following:
  + Overall enrollment trends in the past three years

*Please insert the data chart here*

* + An explanation of student demand (or lack thereof) for specific courses.
  + Productivity for the counseling courses compared to the college productivity rate.

*Please insert the data chart here*

College productivity rate \_\_\_\_\_\_\_\_\_\_\_\_

* Are courses scheduled in a manner that meets student needs and demands? How do you know?
* Recommendations and Priorities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Student Success:**

**Part A.**

* Describe course completion rates *(% of students that earned a grade “C” or better or “Credit”)* in the counseling courses for the past three years. Please list each course separately. How do the counseling course completion rates compare to the college course completion standard?

College course completion standard \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please insert the data chart here or complete the section below.*

Counseling course completion rates:

Course 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

(course name and number) rate

Course 2. .\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

(course name and number) rate

Course 3. .\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

(course name and number) rate

* Describe course completion rates in the department **for Distance Education** courses (100% online), if applicable, for the past three years. Please list each course separately. How do the counseling Distance Education course completion rate compare to the college course completion standard?

College course completion standard \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please insert the data chart here or complete the section below.*

Counseling Distance Education (100% online) course completion rates:

Course 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

(course name and number) rate

Course 2. .\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

(course name and number) rate

Course 3. .\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

(course name and number) rate

* Are there differences in course completion rates between face to face and Distance Education/hybrid courses? If so, how does the counseling department deal with this situation? How do you ensure that Distance Education courses are effective?
* Describe the counseling courses retention rates *(*After the first census, the percent of students earning any grade but a “W” in a course or series of courses) for the past three years. How does the counseling course retention rate compare to the college retention standard?

College retention standard \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counseling course retention rates

Year 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year 2. .\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year 3. .\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What has the counseling department done to improve course completion and retention rates? What is planned for the next three years?

**Part B.**

Please provide the following information about these specific SSSP counseling services for the past three years.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 1.** | **Year 2.** | **Year 3.** |
| Total number of students served |  |  |  |
| Number of students that completed orientation |  |  |  |
| Number of students that completed assessment |  |  |  |
| Number of completed Student Educational Plans (SEPs) |  |  |  |
| Number of Abbreviated versus Comprehensive SEPs |  |  |  |
| Total number of follow-up services |  |  |  |
| Number of Early Alert referrals |  |  |  |

* What has the counseling department done to improve SSSP counseling servies? What is planned for the next three years?

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**7.** **Human, Technological, and Physical Resources** **(including equipment and facilities):**

* Describe your current level of staff, including full-time and part-time faculty, classified staff, and other categories of employment.

Full-time faculty headcount \_\_\_\_\_\_\_\_\_\_\_\_

Part-time faculty headcount \_\_\_\_\_\_\_\_\_\_\_\_

Total FTEF faculty for the discipline, department, or program \_\_\_\_\_\_\_\_\_\_\_\_\_

Full-time/part-time faculty ratio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classified staff headcount, if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other:

* What are your key staffing needs for the next three years? Why? Please provide evidence to support your request such as assessment data, student success data, enrollment data, counseling services provided, survey results, and/or other factors.
* Describe your current utilization of facilities and equipment.
* What are your key technological needs for the next three years? Why? Please provide evidence to support your request such as assessment data, student success data, enrollment data, counseling services provided, survey results, and/or other factors.
* What are your key facilities needs for the next three years? Why? Please provide evidence to support your request such as assessment data, student success data, enrollment data, counseling services provided, survey results, and/or other factors.
* Please complete the Counseling Program Review Prioritized Resource Requests Template included in Appendix A.

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**8.** **Community, Institutional, and Professional Engagement and Partnerships:**

* Discuss how faculty have engaged in institutional efforts such as committees, presentations, and departmental activities. Please list the committees that full-time faculty participate in.
* Discuss how faculty have engaged in community activities, partnerships and/or collaborations.
* Discuss how adjunct faculty members are included in departmental training, discussions, and decision-making.

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**9. Professional Development:**

* Please describe the professional development needs of your discipline or department. Include specifics such as training in the use of classroom technology, use of online resources, instructional methods, cultural sensitivity, faculty mentoring, etc.
* How do you train instructors in the use of Distance Education platforms? Is this sufficient?

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10. **Disciple,** **Department or Program Goals and Activities:**

* Briefly describe and discuss the discipline, department or program goals and activities for the next three years, including the rationale for setting these goals. NOTE: Progress in attaining these goals will be assessed in subsequent years through annual program updates (APUs).
* Then fill out the goal setting template included in Appendix B. which aligns your discipline, department or program goals to the college mission statement and goals and the PCCD strategic goals and institutional objectives.
* **Goal 1. Curriculum:**

Activities and Rationale:

* **Goal 2. Assessment:**

Activities and Rationale:

* **Goal 3. Instruction:**

Activities and Rationale:

* **Goal 4. Student Success:**

Activities and Rationale:

* **Goal 5. Professional Development, Community, Institutional and Professional Engagement and Partnerships:**

Activities and Rationale:

* Please complete the Program Review Integrated Goal Setting Template included in Appendix B.

Appendices

Appendix A

Counseling Program Review

Prioritized Resource Requests Summary for Additional (New) Resources

**College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Discipline, Department or Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Resource Category** | **Description** | **Priority**  **Ranking**  **(1 – 5, etc.)** | **Estimated Cost** | **Justification**  **(page # in the program review narrative report)** |
| **Human Resources: Faculty** |  |  |  |  |
| **Human Resources: Classified** |  |  |  |  |
| **Human Resources: Student Workers** |  |  |  |  |
| **Technology** |  |  |  |  |
| **Equipment** |  |  |  |  |
| **Supplies** |  |  |  |  |
| **Facilities** |  |  |  |  |
| **Professional Development** |  |  |  |  |
| **Other (specify)** |  |  |  |  |

Appendix B

**PCCD Program Review**

**Alignment of Goals Template**

**College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Discipline, Department or Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Discipline, Department or Program Goal** | **College Goal** | **PCCD Goal and Institutional Objective** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |

Appendix C

**Program Review Validation Form and Signature Page**

**College:**

**Discipline, Department or Program:**

**Part I. Overall Assessment of the Program Review Report**

|  |  |
| --- | --- |
| Review Criteria | Comments:  Explanation if the box is not checked |
| 1. The narrative information is complete and all elements of the program review are addressed.  2. The analysis of data is thorough.  3. Conclusions and recommendations are well-substantiated and relate to the analysis of the data.  4. Discipline, department or program planning goals are articulated in the report. The goals address noted areas of concern.  5. The resource requests are connected to the discipline, department or program planning goals and are aligned to the college goals. |  |

**Part II. Choose one of the Ratings Below and Follow the Instructions.**

|  |  |
| --- | --- |
| Rating | Instructions |
| 1. Accepted.  2. Conditionally Accepted.  3. Not Accepted. | 1. Complete the signatures below and submit to the Vice President of Instruction.  2. Provide commentary that indicates areas in the report that require improvement and return the report to the discipline, department or program chair with a timeline for resubmission to the validation chair.  3. Provide commentary that indicates areas in the report that require improvement and return the report to the discipline, department or program chair with instructions to revise. Notify the Dean and Vice President of Instruction of the non-accepted status. |

**Part III. Signatures**

**Validation Team Chair**

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Print Name Signature Date

**Counseling Department Chair**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name Signature Date

**Received by Vice President of Instruction**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name Signature Date

