

**PORTERVILLE COLLEGE
ANNUAL PROGRAM REVIEW UPDATE and BUDGET WORKSHEET**

Name of Division/Program: _____

Contact Person: _____

Org Code: _____

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

Student Learning Outcomes/Service Area Outcomes: Are there any changes to your SLOs or SAOs since your last Program Review? <input type="checkbox"/> No. <input type="checkbox"/> Yes. Attach Explanation.	Goals : Are there any changes to your department's Goals since your last Program Review? <input type="checkbox"/> No. <input type="checkbox"/> Yes. Attach Explanation.
Staffing: Are there any Staffing changes or new requests since your last Program Review? <input type="checkbox"/> No. <input type="checkbox"/> Yes. Attach Explanation.	Technology: Are there any Technology changes or new requests since your last Program Review? <input type="checkbox"/> No. <input type="checkbox"/> Yes. Attach Explanation.

Budget: Are there any changes to your Budget requests since your last Program Review? <input type="checkbox"/> No. <input type="checkbox"/> Yes. Attach Explanation..	Vision for Success: Is the budget linked to the California Core Mission and Strategic Planning Goal? <input type="checkbox"/> No. <input type="checkbox"/> Yes. (List#)
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Sustainability:
 Are there sustainability issues in your area that need to addressed since your last Program Review?
 No.
 Yes. Attach Explanation..

Account	Description	Program	Activity	Location	2015-16 Actuals	2016-17 Actuals	2017-18 Budget	2018-19 Request	Priority	Program Review Justification	Comment(s)	Grant or Categorical Supported Funding
	TOTAL OF BUDGET REQUEST				-	-	-	-				

Supervisor/Dean: _____ Vice President: _____