

Bakersfield College

Program Review – Annual Update

I. Program Information:

Program Name:

Program Type: Instructional Non-Instructional

Program Mission Statement:

Program Description: Describe how the program supports the [Bakersfield College Mission](#).

II. Program Assessment (focus on most recent year):

- A. How did your outcomes assessment results inform your program planning?
- B. How did your outcomes assessment results inform your resource requests?
- C. Instructional Programs only: How do course level student learning outcomes align with program learning outcomes?
- D. How do the program learning outcomes align with [Institutional Learning Outcomes](#)?
- E. Describe *any significant changes* in your program's strengths since last year.
- F. Describe *any significant changes* in your program's weaknesses since last year.
- G. If applicable, describe any unplanned events that affected your program.

III. Resource Analysis:

- A. Human Resources
 - 1. If you are requesting any additional positions, explain briefly how the additional positions will contribute to increased student success. ([Faculty Request form](#); [Classified Request form](#))
 - 2. Professional Development ([Professional Development form](#))
 - a. Describe briefly the effectiveness of the professional development your program has been engaged with (either providing or attending) during the last cycle, focusing on how it contributed to student success.
 - b. Provide rationale for future professional development opportunities and contributions that your program can make.
- B. Facilities (M&O requests can be submitted by completing the [M&O request form](#).)

Has your area received any facilities maintenance, repair or updating in this cycle?

 - 1. If yes, how has the outcome contributed to student success?
 - 2. If no, how will your facilities request contribute to student success?

- C. Technology (Technology requests can be made by filling out the [ISIT Request form.](#))
1. Has your program received new or repurposed technology in this cycle?
 - a. If yes, how has this technology contributed to student success?
 - b. If no, how will your new or repurposed technology request contribute to student success?
 2. Do you need new or repurposed classroom technology to support student success and/or new office technology to support faculty/staff success? Justify your request.
- D. Budget (Changes to the budget allocation can be requested using the [Budget Change Request Form](#)).
- If you are requesting any additional funding, explain briefly how it will contribute to increased student success.

IV. Trend Data Analysis:

Highlight *any significant changes* in the following metrics and discuss what such changes mean to your program.

- A. Changes in student demographics (gender, age and ethnicity).
- B. Changes in enrollment (headcount, sections, course enrollment and productivity).
- C. Success and retention for face-to-face, as well as online/distance courses.
- D. Other program-specific data that reflects significant changes (*please specify or attach*).

V. Progress on Program Goals:

- A. List the program’s current goals. For each goal (minimum of 2 goals), discuss progress and changes. If the program is addressing more than two (2) goals, please duplicate this section.

Program Goal	Which institutional goals from the Bakersfield College Strategic Plan will be advanced upon completion of this goal? (select all that apply)	Progress on goal achievement (choose one)	Comments (if applicable)
1.	<input type="checkbox"/> 1: Student Success <input type="checkbox"/> 2: Communication <input type="checkbox"/> 3: Facilities & Infrastructure <input type="checkbox"/> 4: Oversight & Accountability <input type="checkbox"/> 5: Integration <input type="checkbox"/> 6: Professional Development	<input type="checkbox"/> Completed: _____ (Date) <input type="checkbox"/> Revised: _____ (Date) <input type="checkbox"/> Ongoing: _____ (Date)	

B. Review of Program Information:

Is the program information housed in CurricUNET accurate? (Considerations: changes in course(s) names and/or suffixes as well as additions/deletions of courses). If not, then a program modification needs to be started in CurricUNET to reflect the necessary changes. Explain the requested changes below.

Is the program and course listing information in the current catalog accurate? If not, list the requested changes below. Catalog information should reflect what is in CurricUNET.

C. Student Education Plan (SEP) Pathway(s) uploaded to "Attached Files" in CurricUNET.

If applicable, SEP Pathway with CSU Breadth indicated? Yes or No

If applicable, SEP Pathway with IGETC indicated? Yes or No

If applicable, SEP Pathway with BC General Education indicated? Yes or No

****Please ensure that the information housed in CurricUNET and the current catalog match. ****

D. If applicable, provide a description of the program's future adoption of C-ID descriptors and Associate Degree for Transfer (ADT) or Model Curricula.

VII. Conclusions and Findings:

Present any conclusions and findings about the program.

VII. Attachments (place a checkmark beside the forms listed below that are attached):

- | | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Faculty Request Form | <input type="checkbox"/> Classified Request Form | <input type="checkbox"/> Budget Change Request Form |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> ISIT Form | <input type="checkbox"/> M & O Form |
| <input type="checkbox"/> Best Practices Form (Required) | <input type="checkbox"/> Other: _____ | |

VIII. Certificates of Achievement:

Programs with stackable certificates fill out the following form.

Stand alone certificates fill out the entire Annual Update.

Certificate Form

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Name of Program: _____

Certificate Name	JSC	CA	Is the certificate stackable?	Is the certificate a stand alone program?

Please discuss the following questions regarding all area Certificates of Achievement (CA):

1. List certificates that are proposed for *addition*.
2. List certificates that are proposed for *deletion*.
3. For this CA, what are the SOC codes (Occupational Titles and codes) that students who complete the CA will be able to obtain entry-level employment in, and what are the projected annual openings and median salary for each occupational title? You can use your latest Program Review data for your response.
4. For this CA, what process was followed to ensure the required and possible elective courses were adequate for entry level employment (such as advisory committee input, surveys, industry feedback, licensing or accreditation agencies)? How often do/will you re-examine the effectiveness of certificate requirements?
5. What is your annual completion target (number of certificates awarded) for this CA? What was the number of awards in this CA for each of the past three years? Based on your results, what changes could you make in your program to meet or continue to exceed your target (such as course content, scheduling/sequence, outreach, instructional strategies)?