Bakersfield College Program Review – Annual Update

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):

1. How did your outcomes assessment results inform your program planning?
2. How did your outcomes assessment results inform your resource requests?
3. Instructional Programs only: How do course level student learning outcomes align with program learning outcomes?
4. How do the program learning outcomes align with Institutional Learning Outcomes?
5. Describe how your program plans to address equity specifically referencing the achievement gap and disproportionate impact.
6. Describe any significant changes in your program’s strengths since last year.
7. Describe any significant changes in your program’s weaknesses since last year.
8. 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)

1. Professional Development (Professional Development form)
   1. 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.
   2. Provide rationale for future professional development opportunities and contributions that your program can make.

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?

B.

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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?
   1. If yes, how has this technology contributed to student success?
   2. 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.

1. Changes in student demographics (gender, age and ethnicity).
2. Changes in enrollment (headcount, sections, course enrollment and productivity).
3. Success and retention for face-to-face, as well as online/distance courses.
4. Changes in the achievement gap and disproportionate impact (Equity).
5. 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.

1: Student Success  
2: Communication  
3: Facilities & Infrastructure 4: Oversight & Accountability 5: Integration  
6: Professional Development

Completed: \_\_\_\_\_\_\_\_\_\_ (Date)

Revised: \_\_\_\_\_\_\_\_\_\_ (Date)

Ongoing: \_\_\_\_\_\_\_\_\_\_ (Date)

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B. New or revised goals (if applicable)

New/Replacement Program Goal

Which institutional goals from the Bakersfield College Strategic Plan will be advanced upon completion of this goal? (select all that apply)

Anticipated Results

1: Student Success  
2: Communication  
3: Facilities & Infrastructure 4: Oversight & Accountability 5: Integration  
6: Professional Development

VI. Curricular Review (Instructional Programs only):

A. Review of Course Information:  
o Column A list all of the courses associated with the degree.  
o Column B list the Fall term the review process will be started for ongoing compliance. o Column C list the compliance due date.  
o Column D list any changes to courses with regard to distance education.  
o Column E list corresponding C-ID descriptors if available. http://www.c-id.net/

\*\*Dates listed should reflect a five year cycle allowing for one year of review to maintain ongoing compliance.\*\*

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| --- | --- | --- | --- | --- |
| A. Course | B. Fall Term Review will be Submitted | C. Compliance Due Date | D. Distance Education Changes | E. C-ID Descriptors Available |
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1. 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Student Education Plan (SEP) Pathway(s) uploaded to “Attached Files” in CurricUNET.

If applicable, SEP Pathway with CSU Breadth indicated?  
If applicable, SEP Pathway with IGETC indicated?  
If applicable, SEP Pathway with BC General Education indicated?

Yes or No Yes or No 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.

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

Faculty Request Form Classified Request Form Budget Change Request Form Professional Development ISIT Form M & O Form

Best Practices Form (Required)

IX. Certificates of Achievement:

Programs with stackable certificates fill out the following form. Stand alone certificates fill out the entire Annual Update.

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Certificate Form Annual Update 2014-15

Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. 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?
2. 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)?

6. Based on what you know about your area, what emerging/potential institutional factors (internal) and industry factors (external) will impact this certificate? How are you planning to incorporate these factors in your planning and evaluation of this certificate?