

**PORTERVILLE COLLEGE**  
**PROGRAM REVIEW REPORT: NON-INSTRUCTIONAL PROGRAMS**

Name of Program/Operational Area:

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)

**Services Area Outcomes:**

(Please list your SAOs and provide an overview of the assessments that have been conducted, changes to your program based on those assessments, and your planned assessment cycle. Include target population; assessment timeframe, tool(s) and results; and analysis/action plan with target date.)

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**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.)

***Changes in Program over Last Three Years***

***Data Review***

***Program Strengths***

***Areas for Improvement***

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**Goals** (This section is for you to report on progress on *previously established goals*. If your program is addressing more than 2 goals, please duplicate this page)

Goal(s)	Completion Date	Needed resources	Person(s) Responsible	Obstacles to completion (if any)
1.				

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)	Completion Date	Needed resources	Person(s) Responsible	Obstacles to completion (if any)
2.				

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:

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**Goals** (This section is for you to report *new goals* for your program. If your program is creating more than 2 goals, please duplicate this page)

Goal(s)	Timeline for Completion	Needed resources	Person(s) Responsible	Obstacles to completion (if any)
1.				

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)
2.				

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:

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**STAFFING REQUEST**

<b><u>Staff Resources:</u></b>				
<b><u>Current Staffing Levels</u></b>				
<b><u>Full-time Staff</u></b>		<b><u>Part-time Staff</u></b>		
Faculty		Faculty		
Temporary		Temporary		
Classified		Classified		
Management		Management		
Project dates of temporary staff:				
<b><u>Request for New/Replacement Staff</u></b>				
Use one line for each position requested. Justify each position in the space below.				
	Title of Position	Classification (Faculty, Classified, or Management)	Full or Part Time	New or Replacement
Position 1				
Position 2				
Position 3				
Justification: (Address each position requested)				

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**TECHNOLOGY REQUEST**

Use this section to list any technology needs for your program. If you have more than two technology needs, add rows below.

<u>Technology Need</u>	<u>Justification</u>
Item 1	
Item 2	

**FACILITIES REQUEST**

Use this section to list any facilities needs for your program. If you have more than two facilities needs, add rows below.

<u>Facilities Need</u>	<u>Justification</u>
Item 1	
Item 2	

**SAFETY & SECURITY REQUEST**

Use this section to list any safety & security needs for your program. If you have more than two safety & security needs, add rows below.

<u>Safety &amp; Security Need</u>	<u>Justification</u>
Item 1	
Item 2	

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**PROFESSIONAL DEVELOPMENT REQUEST**

Use this section to list any professional development opportunities you would like to have available for your program. If you have more than two professional development needs, add rows below.

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

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**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 each change requested.)