PROGRAM NAME:

EOPS/CARE

Name of person or persons that filled out this form:

Michele LeBleu-Burns, Truly Hunter

I. PROGRAM DESCRIPTION

A. What is the primary mission/purpose of your program?:

The EOPS/CARE mission is to assist EOPS/CARE students in their quest for individual growth, academic success, career and transfer goals by offering support services.

B. What is your Program Level Outcome (PLO) statement?:

As a result of participating in the EOPS/CARE program(s), students will be able to interpret, analyze, understand and apply information to achieve their lifelong educational and personal goals.

1. Describe the processes by which your PLO is assessed:

   Analysis of SLOAC results (refer to Part III)
   Analysis of SSLOAC results (refer to Part III)

2. How does your PLO directly or indirectly support the: Mission, Institutional Core Competencies (ICC), and/or Strategic Initiatives

   (Attach "PLO to Mission, ICC, and/ SI matching sheet(s)."

   Comments:

   See attachments

C. Program Demographics

1. How many people does your program/department serve?

<table>
<thead>
<tr>
<th></th>
<th># Students</th>
<th>Source:</th>
</tr>
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<tbody>
<tr>
<td>695</td>
<td></td>
<td>EOPS Database, MIS Report</td>
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<table>
<thead>
<tr>
<th></th>
<th># Faculty</th>
<th>Source:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th></th>
<th># Staff</th>
<th>Source:</th>
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<table>
<thead>
<tr>
<th></th>
<th># Community</th>
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<tr>
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</table>

Comments: Describe the typical characteristics of the people your program serves - i.e. What are their goals, majors, reasons for coming to your program, etc.

All of our students are low income academically/educationally disadvantaged and are working towards, certificates, two-year, degrees and/or transfer

2. Number of employees associated with the program?

<table>
<thead>
<tr>
<th></th>
<th># FT staff</th>
<th>Total hrs per wk combined</th>
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<tbody>
<tr>
<td>8</td>
<td>320</td>
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</tbody>
</table>
II. SIGNIFICANT CHANGES and TRENDS

A. If your program offers instruction, attach your Program Review Data Sheet (from IR). Briefly, address any significant changes and how they have effected your curriculum / instruction relative to:

1. Growth or decline in historically underrepresented populations (Latina/o, African Ancestry, Pacific Islander, Filipino)

From it inception, EOPS has always served a very diverse student population. There has been a slight increase in Latino and Black students and a slight decrease in White students, while the Asian/Pacific islander population has remained steady.

2. Trends related to closing the student equity gap relative to the college's stated goals.

EOPS has implemented new policies and procedures to facilitate student success including probation, EOPS Student orientations, elements of a multi-year academic plan and assessments to measure student academic preparedness.

3. Overall enrollment growth or decline of all student populations

B. Briefly, address any significant changes and how they have effected your program's services relative to:

1. Growth or decline in historically underrepresented populations (Latina/o, African Ancestry, Pacific Islander, Filipino)

2. Trends related to closing the student equity gap relative to the college's stated goals.

3. Overall enrollment growth or decline of all student populations
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Due to current economic conditions, the program has seen a dramatic increase in student inquiries and interest in applying to the program across all student ethnic populations.

C. Make any modifications, deletions, additions, edits, etc. to your 2008-09 Comprehensive Program Review (CPR). Use the spaces below to explain what changes you are making to your CPR and the reasons for those changes (i.e. College/District policies, state or federal laws and regulations, external agencies regulations or requirements, budget cuts, personnel decisions, etc.).

Although we do not need to make any changes, modifications, additions or edits to our CPR, we are looking to use the CAS standards to inform and outline our next program review process.

D. Use this space to explain anything else about your program that was not included in your 2008-09 Comprehensive Program Review (CPR) or under II.C. What should be known about your program that hasn't been asked?

*All EOPS Student are enrolled in a minimum of 12 units *The EOPS program supports the generation over 3 million dollars in WSCH figures due to retention of program students *EOPS has excellent graduation and transfer rates (See attached 09-10 fact sheet)

III. OUTCOMES ASSESSMENT

If your program offers both instruction and services, complete all of Part III.
If your program does not offer instruction, skip to III. E.

A. If your program offers instruction, describe the number of SLOAC that have been completed or will be completed in 2010-11.

B. If your program offers instruction, describe the level of engagement in the 2010-11 SLOAC process. (i.e. How many faculty, staff, and administrators participated in the SLOAC process?)

C. If your program offers instruction, what program enhancements are you implementing as a result of the 2010-11 SLOAC process? (Only describe planned enhancements that do not require additional resources. Enhancements that require new resources will be addressed in Part V.)
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D. If your program offers instruction, what are your SLOAC plans for 2011-12?

E. Describe the number of SSLOAC that have been completed or will be completed in 2010-11.


F. Describe the level of engagement in the 2010-11 SSLOAC process. (i.e. How many faculty, staff, and administrators participated in the SSLOAC process?)

Sixteen department employees participated in SSLOAC process. Classified professional-6, Faculty-2, Parttime faculty-3, Supervisor-1, Dean-1, and students-3

G. What program enhancements are you implementing as a result of the 2010-11 SSLOAC process? (Only describe planned enhancements that do not require additional resources. Enhancements that require new resources will be addressed in Part V.)

*EOPS/CARE students were each given a planner that included program requirements.
*Conducted Student Success Toolkit assessment and workshops
*Developed criteria to enhance effectiveness of advising and counseling services.

H. What are your SSLOAC plans for 2011-12?

Continue assessment of SSLOAC #1 and #2. Refine and assess SSLOAC #3

IV. PROGRAM BUDGET DATA

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<tr>
<th></th>
<th>2009-10 Actual</th>
<th>2010-11 Projected</th>
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<td>'B' budget</td>
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<td>'C' Budget</td>
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<tr>
<td><strong>TOTALS</strong></td>
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(automatically calculated)

If your program is NOT requesting any new resources - your 2010-11 Annual Program Review Update is finished

If your program IS requesting any new resources - Continue to Part V.
## V. RESOURCE REQUESTS

### Department/Program Summary

**A. Human Resources:** Please submit up to three faculty and/or staff choices below in department/program ranked order:

#### Program Position Priority #1:

<table>
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<tr>
<th>Faculty</th>
<th>Staff</th>
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<tbody>
<tr>
<td>Full-Time</td>
<td>Part-Time</td>
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</table>

Position Name:

Brief description:

Rationale: How will this person enhance or maintain your program's plans to improve outcomes relative to the college Mission, Institutional Core Competencies, Strategic Initiatives, Program Goals, etc. (i.e. What specific SLOAC/SSLOAC results support the program's need for this position?)

If applicable, address the FTE, PT/FTE ratios, and WSCH goals that support your request for this position.

#### Program Position Priority #2:

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Staff</th>
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<tbody>
<tr>
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Position Name:

Brief description:
Rationale: How will this person enhance or maintain your program's plans to improve outcomes relative to the college Mission, Institutional Core Competencies, Strategic Initiatives, Program Goals, etc. (i.e. What specific SLOAC/SSLOAC results support the program's need for this position?)
If applicable, address the FTE, PT/FTE ratios, and WSCH goals that support your request for this position.

Program Position Priority #3:

**Faculty**

**Full-Time**

**Staff**

**Part-Time**

Position Name:

Brief description:

Rationale: How will this person enhance or maintain your program's plans to improve outcomes relative to the college Mission, Institutional Core Competencies, Strategic Initiatives, Program Goals, etc. (i.e. What specific SLOAC/SSLOAC results support the program's need for this position?)
If applicable, address the FTE, PT/FTE ratios, and WSCH goals that support your request for this position.

**NOTE:** It is an expectation that all positions that are allocated 2 or more years prior to the next Comprehensive Program Review (2013-14) will be assessed relative to their contribution to the program, the program level outcomes and the program review criteria. In this light, briefly state some of the criteria you may use to assess the effect of each of the additional positions on your program.

**Review Criteria:**

**B. Equipment/Materials/Facilities:** Please submit up to three resource requests in department/program ranked order:

**Program Resource Priority #1:**

**Equipment**

**Materials**

**Facilities**
### Program Resource Priority #1:

<table>
<thead>
<tr>
<th>Item Name:</th>
<th>Brief description:</th>
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<tbody>
<tr>
<td>Rationale: How will this resource enhance or maintain your program's plans to improve outcomes relative to the college Mission, Institutional Core Competencies, Strategic Initiatives, Program Goals, etc. (i.e. What specific SLOAC/SSLOAC results support the program's need for this item?)</td>
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<tr>
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<th>Facilities</th>
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<tbody>
<tr>
<td>Est. Cost</td>
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### Program Resource Priority #2:

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### Program Resource Priority #3:

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Rationale: How will this resource enhance or maintain your program's plans to improve outcomes relative to the college Mission, Institutional Core Competencies, Strategic Initiatives, Program Goals, etc. (i.e. What specific SLOAC/SSLOAC results support the program's need for this item?)

NOTE: It is an expectation that all resources that are allocated 2 or more years prior to the next Comprehensive Program Review (2013-14) will be assessed relative to their contribution to the program, the program level outcomes and the program review criteria. In this light, briefly state some of the criteria you may use to assess the effect of the additional equipment/materials/facilities on your program.

Review Criteria:

Divisional Summary (If applicable)

C. Human Resources: Of all the position requests within your Division what is the divisional ranking of your department/program position request?

Program Position Priority #1: Division Position Ranking:
Program Position Priority #2: Division Position Ranking:
Program Position Priority #3: Division Position Ranking:

D. Equipment/Materials/Facilities: Of all the resource requests within your Division what is the divisional ranking of your department/program resource request?

Program Resource Priority #1: Division Resource Ranking:
Program Resource Priority #2: Division Resource Ranking:
Program Resource Priority #3: Division Resource Ranking: