### GENERAL INFORMATION

**PROGRAM NAME:**

Office of Outreach and Relations with Schools

**NAME:**

Rob Mieso, Director

### I. PROGRAM DESCRIPTION

**A.** What are the primary support purposes of this program? (Choose (x) all that apply)

- [x] Basic Skills
- [ ] Access
- [ ] Learning Resources
- [x] Degree
- [x] Success
- [ ] Academic Services
- [x] Transfer
- [x] Retention
- [ ] Personal Enrichment
- [x] Career/Technical
- [ ] Persistence
- [ ] Student Cohort
- [ ] Other (Explain)

**B.** What is the **Mission Statement** for this program?

The Office of Outreach and Relations with Schools actively works to promote college access and attract diverse student populations to De Anza College through a collaborative working relationship with local high schools and communities, and support programs and services on campus.

**C.** How many students does this program serve? (Approx. annually unduplicated)

3000

**D.** Identify and describe (briefly) this program's relationships and collaborations with other college programs:

The Office of Outreach and Relations with Schools oversees Middle College and College Now programs, and works very closely with Admissions, Financial Aid, Assessment, Counseling, EOPS, Marketing, and cohort programs like Puente, Sankofa, and First Year Experience to support matriculation and student success and retention efforts.

### IIA. PROGRAM SERVICES

Click on the "List of Services" tab at the bottom of this sheet.

### IIB. SERVICE DESIGNATIONS

Click on the "Service Designations" tab at the bottom of this sheet.
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III. OUTCOMES ASSESSMENT - INSTRUCTION
(Skip Section III and go to Section IV if there is no curriculum offered in this program)

A. Which SLO statements did you assess in 2011-12?

B. What did you learn? Briefly summarize the results of the reflection and enhancement discussions.

C. What additional resources are needed to implement the enhancement/improvements plans?
(Please give a very brief overview - details will be asked for in Section VI)

D. What are your SLOAC plans for 2012-13?

IV. OUTCOMES ASSESSMENT - SERVICES

A. Which SSLO statements did you assess in 2011-12?

SSLO statement #3 and #6

B. What did you learn? Briefly summarize the results of the reflection and enhancement discussions.

SSLO #3 (classroom presentation): survey results show a 16% improvement from 76% to 92%

C. What additional resources are needed to implement the enhancement/improvements plans?
(Please give a very brief overview - details will be asked for in Section VI)

Continued funding for student ambassadors would be needed to provide campus tours and classroom presentations.

D. What are your SSLOAC plans for 2012-13?

Reflect on the outcomes of our SSLO statements, make necessary changes, and make assessment of at least 50% of the statements in 2012-13.

V. CURRENT TRENDS/CHALLENGES

A. What does the near future portend for this program?

Budget cuts can impact our ability to maintain relations with schools and provide services for prospective students and parents. With more than 70% of our enrollment coming from out of our service area, cutting back on outreach can adversely impact enrollment.

B. What are the challenges for this program?
Limited staffing continues to be our main challenge. We work with several high schools outside our service area, serving more than 70 high schools and over 200 outreach activities each academic year.

C. What are the opportunities for this program?

We continue to look for partnership opportunities to broaden our collaborations both on and off campus to help us fulfill our mission. In addition to our collaborations with programs and services on campus and organizations like Cal-SOAP, we are currently working on a partnership with our CTE program to leverage resources and reach more students.

D. Does this program anticipate rapid change, slow change, no change, or other?

We anticipate slow changes related to changes in student demographics and enrollment trends. Projects for future enrollment growth continue to trend away from our service area to East Side and San Jose.

E. Are there any amendments to this program's 2008-09 Comprehensive Program Review? (CPR)

No

F. Explain what changes or revisions you have made, if any, to your services based on results of last year's program review update (2010-11).

None

G. Explain anything that should be known about this program that hasn't been asked.

None

VI. RESOURCE REQUESTS

A. Personnel Requests: Please submit the top three personnel requests in ranked order: (If there are more than three personnel requests, maintain a separate prioritized list using the same justification categories as in the APRU. If resources are available the SSPBT may ask for more items to be submitted.)

Program Position Priority #1: (Check (x) appropriate boxes)

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<th>Faculty</th>
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Priority #1 position name:

Outreach Assistant

Brief description: (new or replacement from retirement or resignation)

New position -- additional staff needed due to the expansion of our services.
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Rationale: How will this person enhance or maintain your program's plans to improve outcomes? What specific SLOAC/SSLOAC results support this program's need for this position?

Currently we have just one full time staff person working as an outreach assistant to serve more than 70 high schools and reaching about 30,000 students in over 200 outreach events and activities we provide each year. We are continuing to rely more on students and our effectiveness is limited. The additional staff person will directly contribute to providing more application workshops, classroom presentations, placement testing at high schools to improve college access and meet enrollment goals.

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important", or "Nice to have". (Check only one)

| Critical | Important | Nice to have |

Program Position Priority #2: (Check (x) appropriate boxes)

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Priority #2 position name:

Brief description:(new or replacement from retirement or resignation)

Rationale: How will this person enhance or maintain your program's plans to improve outcomes? What specific SLOAC/SSLOAC results support this program's need for this position?

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important", or "Nice to have". (Check only one)

| Critical | Important | Nice to have |

Program Position Priority #3: (Check (x) appropriate boxes)

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Priority #3 position name:

Brief description:(new or replacement from retirement or resignation)

Rationale: How will this person enhance or maintain your program's plans to improve outcomes? What specific SLOAC/SSLOAC results support this program's need for this position?)
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Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important", or "Nice to have". (Check only one)

Critical  Important  Nice to have

B. Equipment Requests: Please submit the top three program equipment requests in ranked order: (If there are more than three equipment requests, maintain a separate prioritized list using the same justification categories as in the APRU. If resources are available the SSPBT may ask for more items to be submitted.)

Program Equipment Priority #1:

Est. Cost: ____________

Priority #1 item name:

Brief description: (new, upgrade, or replacement)

Rationale: How will this resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for this item?

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important", or "Nice to have". (Check only one)

Critical  Important  Nice to have

Program Equipment Priority #2:

Est. Cost: ____________

Priority #2 item name:

Brief description: (new, upgrade, or replacement)

Rationale: How will this resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for this item?

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important", or "Nice to have". (Check only one)

Critical  Important  Nice to have

Program Equipment Priority #3:

Est. Cost: ____________
2011-12
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Priority #3 item name:

Brief description:(new, upgrade, or replacement)

Rationale: How will this resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for this item?

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important", or "Nice to have". (Check only one)

C. Facility Requests: Please submit the top three facilities resource requests in ranked order:(If there are more than three facilities requests, maintain a separate prioritized list using the same justification categories as in the APRU. If resources are available the SSPBT may ask for more items to be submitted.)

Program Facilities Priority #1:

Est. Cost:

Priority #1 project name:

Brief description:(new, remodel, relocation)

Rationale: How will this resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for this item?

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important", or "Nice to have". (Check only one)

Program Facilities Priority #2:

Est. Cost:

Priority #2 project name:

Brief description:(new, remodel, relocation)
2011-12
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**Rationale:** How will this resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for this item?

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Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important", or "Nice to have". (Check only one)

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**Program Facilities Priority #3:**

**Est. Cost:**

Priority #3 project name:

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**Brief description:** (new, remodel, relocation)

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**Rationale:** How will this resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for this item?

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Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important", or "Nice to have". (Check only one)

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**D. Professional Growth Resource Requests:** In the space below, identify any professional growth initiatives that need additional funding. Include whether the needs are related to technology (hardware/software), the discipline, legal matters, District/College operations, Research/Innovations in the classroom, office, operations, etc. (List in ranked order)

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**Rationale:** How will each professional growth initiative resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for each item?

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Based on the needs of this program, check (x) whether each of the top three requests are considered to be "Critical", "Important", or "Nice to have". (Check only one per request)

**Professional Growth Initiative request #1:**

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**Professional Growth Initiative request #2:**

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**Professional Growth Initiative request #3:**
This funding is needed to serve targeted student populations through annual high school student conferences that promote a college going culture, improve access, support enrollment, and enhance the diversity of our student body. The funding will also ensure that we can continue to host the annual New Student & Parent Open House that supports matriculation and enrollment.

Based on the needs of this program, check (x) whether each of the top three requests are considered to be "Critical", "Important", or "Nice to have". (Check only one per request)

**Operational budget request #1:**

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**Operational budget request #2:**

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**Operational Budget request #3:**

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