

**2011-12**  
**SSPBT Annual Program Review Update**

**GENERAL INFORMATION**

**PROGRAM NAME:** (Double-click in the green box to enter information)

**NAME:** Name of person or persons that completed this APRU form.

**I. PROGRAM DESCRIPTION**

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

<input type="checkbox"/> Basic Skills	<input type="checkbox"/> Access	<input type="checkbox"/> Learning Resources
<input type="checkbox"/> Degree	<input type="checkbox"/> Success	<input type="checkbox"/> Academic Services
<input type="checkbox"/> Transfer	<input type="checkbox"/> Retention	<input type="checkbox"/> Personal Enrichment
<input type="checkbox"/> Career/Technical	<input type="checkbox"/> Persistence	<input type="checkbox"/> Student Cohort
<input type="checkbox"/> Other	(Explain) <input type="text"/>	

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

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

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

**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.

**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?

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**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?

**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 **SSLOAC** plans for 2012-13?

### **V. CURRENT TRENDS/CHALLENGES**

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

**B.** What are the challenges for this program?

**C.** What are the opportunities for this program?

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

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

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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).

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

## 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)

Faculty

Staff

Administration

Full-Time

Part-Time

Est. Cost:

Priority #1 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 #2:** (Check (x) appropriate boxes)

Faculty

Staff

Administration

Full-Time

Part-Time

Est. Cost:

Priority #2 position name:

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

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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?)

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)

Faculty

Staff

Administration

Full-Time

Part-Time

Est. Cost:

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?)

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**

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### **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:

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)

**Critical**

**Important**

**Nice to have**

**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:

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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)

<input style="width: 50px; height: 20px;" type="checkbox"/> <b>Critical</b>	<input style="width: 50px; height: 20px;" type="checkbox"/> <b>Important</b>	<input style="width: 50px; height: 20px;" type="checkbox"/> <b>Nice to have</b>
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**Program Facilities Priority #2:**

Est. Cost:

Priority #2 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)

<input style="width: 50px; height: 20px;" type="checkbox"/> <b>Critical</b>	<input style="width: 50px; height: 20px;" type="checkbox"/> <b>Important</b>	<input style="width: 50px; height: 20px;" type="checkbox"/> <b>Nice to have</b>
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**Program Facilities Priority #3:**

Est. Cost:

Priority #3 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)

<input style="width: 50px; height: 20px;" type="checkbox"/> <b>Critical</b>	<input style="width: 50px; height: 20px;" type="checkbox"/> <b>Important</b>	<input style="width: 50px; height: 20px;" type="checkbox"/> <b>Nice to have</b>
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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)

Est cost of #1       Est cost of #2       Est cost of #3

**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

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:**

Critical       Important       Nice to have

**Professional Growth Initiative request #2:**

Critical       Important       Nice to have

**Professional Growth Initiative request #3:**

Critical       Important       Nice to have

**E. Operating Resource Requests ('B' augmentations):** In the space below identify any additional operational funding needs. (List in ranked order)

Est cost of #1       Est cost of #2       Est cost of #3

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

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:**

Critical       Important       Nice to have

**Operational budget request #2:**

Critical       Important       Nice to have

**Operational Budget request #3:**

Critical       Important       Nice to have