

Counseling

Program:

| . <u>SLOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| Guidelines: This section should include th | e following: | | | |
| been implemented due to the SLO assessments? | special st | | : | Xye. |
| How has student learning been improved due to the changes made? | | | | not enous |
| Comments/Questions: | | | | 70 |
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| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
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| Guidelines: This section should include t | he following: | | | |
| 3. Status of SAO Assessment Cycle. | | | | |
| Comments/Questions: | | I | .1 | |
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CRER 401: Offered in Fall as Online course Offered in Spring Evenings @as Learning comm.



| V. Faculty and Staff Hiring Request | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|---|---------------------------------------|----------------------------------|--------------------------------------|
| Guidelines: The request should explain of Department/Program/Division/College n e included. | clearly and with sup eeds. Information f | pporting data how trom the most recen | it will serve t comprehensive | |
| . Justification is consistent with accurate data. | | | | Yes |
| Justification fits Program /Department/Division/College needs | | | | 'Ye8 |

| V. Professional Development Needs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--|
| Guidelines: The request should explain c | learly how it will s | erve Department/P | Program/Division/ | College needs |
| Justification is consistent with Department/Program needs | | | | Yes |
| Comments/Questions: | | | | |
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| VI. <u>Equipment Request</u> (Item description, Number of Items, Total Cost) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| Guidelines: The request should explain c | learly how the requ | uest will serve Dep | artment/Program | /Division/College |
| needs including Item description, Number | of Items, Total Co | ost | | |
| Complete source/cost information | | | 1 | T 3 |
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| 2. Justification is consistent with | | | | Yes |
| Department/Division/College needs | | | | (6) |
| Comments/Questions: | | | | |
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| I. <u>SLOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
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| Guidelines: This section should include to What program improvements have been implemented due to the SLO assessments? How has student learning been improved due to the changes made? | the following: | | | Y |
| assessments? 2. How has student learning been improved due to the changes made Comments/Questions: | ? dent learning been ue to the changes made? | gridma, It see | A5 Marc Aglic | eable Y |

| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
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| Guidelines: This section should include t | he following: | | | |
| 3. Status of SAO Assessment Cycle. | | | | A |
| Comments/Questions: | | | | 1 |
| Impressive results. | | | | |
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Program:



| Program: Counseling | | | | |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| SSPC Member(s) Reviewers: | Soranza | - | | |
| The purpose of this form is to provide fee | () | | | |
| I. <u>SLOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: This section should include the | following: | | warenay ono | anarysis, plan |
| 1. What program improvements have been implemented due to the SLO assessments? | | | | V- |
| 2. How has student learning been improved due to the changes made? | | | | V |
| Comments/Questions: Oll Services | WE PIDVICE O | one covered. | 40-31-31-31 | |
| May add the transcript evalue | then to NE. | Transfer-in | Students o | ri tadion |
| · Add comments on the need | 5 Los de | non Lors oil | did a 0 oc | lace & stime |
| · Add comments on the need we added - CRER 137 in Dumi | ind (for puene | \$035:00 in 50 1 1c) - 502016 | 5) | reer sections |
| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: This section should include the | following: | | | |
| 3. Status of SAO Assessment Cycle. | | | | / |
| Comments/Questions: If we have the ela | ula on # 0 | of Prob. St | dents in | 2014 and |
| Compare them w/ 2015 to reflect the in fact of new Reinstatement Petition Process. | | | | |



| IV. Faculty and Staff Hiring Request | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
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| Guidelines: The request should explain of Department/Program/Division/College nebe included. | | | | program should |
| Justification is consistent with accurate data. | | | | ~ |
| 2. Justification fits Program /Department/Division/College needs | | | | / |
| Comments/Questions: | | | | |

| V. <u>Professional Development Needs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
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| Guidelines: The request should explain c | clearly how it will s | erve Department/P | rogram/Division/ | |
| ustification is consistent with | | T | T | |
| Department/Program needs | | | 5 | V |
| Comments/Questions: | | | | |

| VI. <u>Equipment Request</u> (Item description, Number of Items, Total Cost) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--|
| Guidelines: The request should explain c needs including Item description, Number | learly how the requ | uest will serve Dep Ost | artment/Program | /Division/College |
| 1 Complete source/cost information | | | T | |
| . Complete source/cost information | | | 1 | |
| 2. Justification is consistent with | | | | |
| Department/Division/College needs | | | | |
| Comments/Questions: | | | | |
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| will. Facilities Request (Either new or maintenance issues) | Incomplete information | information, some analysis | Complete information, analysis | Complete information, analysis, plan |
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| Guidelines: The request should explain conneeds. | learly how the requ | uest will serve Dep | artment/Program | /Division/College |
| Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: may ask fo | r larger clus | sypom for (| Pareer Elas | 585. |
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| SSPC Co-Chair Signature: | | | Date: | |
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| VPSS Signature: | | | Date: | |



| Program: Manslung SSPC Member(s) Reviewers: Paha Pir Lands | | | | |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| The purpose of this form is to provide fee | dback to the Pro | ogram Team. | | |
| I. SLOs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: This section should include the | following: | | | |
| What program improvements have been implemented due to the SLO assessments? How has student learning been | | | | |
| improved due to the changes made? | | | | |
| Comments/Questions: GOLD SLO KESULTS - | 46% to | 783 | • | |

| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
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| Guidelines: This section should include the | he following: | | | |
| 3. Status of SAO Assessment Cycle. | | | | |
| Comments/Questions: | | 4 | | |
| · Express counseling pares le | kea strat ti-Alge | rided | | |

Office of Student Services Page 1 of 3



| IV. Faculty and Staff Hiring Request | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
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| Guidelines: The request should explain control of the property | | | | |
| Justification is consistent with accurate data. | | ~ | | |
| 2. Justification fits Program /Department/Division/College needs | 1000 | | | |
| Comments/Questions: | 1.ac | -ui | yx te | rl |
| V. <u>Professional Development Needs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |

| V. Professional Development Needs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
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| Guidelines: The request should explain of | learly how it will s | | | |
| Justification is consistent with Department/Program needs | | | | |
| Comments/Questions: | | L | | <u> </u> |
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| Guidelines: The request should explain clearly hove needs including Item description, Number of Items, | | serve Departr | | And the second s |
|--|------------|---------------|---------------|--|
| | Total Cost | serve Departi | nent/Program/ | Division/College |
| Complete source/cost information | | | | ~ |
| Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: | | | | |

Page 2 of 3 Office of Student Services



| maintenance issues) | Incomplete information | information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|----------------------------|--------------------------------|--------------------------------------|
| Guidelines: The request should explain cleaneeds. | early how the req | uest will serve Dep | artment/Program | Division/College |
| Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: | NA . | | | |
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| | | | | |
| SSPC Co-Chair Signature: | | | Date: | |
| VPSS Signature: | | | Date: | |



COUNSELING

Program:

| SSPC Member(s) Reviewers: | MELISSA ALTGORA | | | |
|--|---------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| The purpose of this form is to p | rovide feedback to the Pr | ogram Team. | | |
| I. <u>SLOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: This section should i | nclude the following: | | | |
| What program improvements been implemented due to the assessments? How has student learning bee improved due to the changes | SLO n | | | + |
| Comments/Questions: | | | | |
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| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| Guidelines: This section should include the | e following: | | | |
| 3. Status of SAO Assessment Cycle. | | | X | |
| Comments/Questions: | | | | |

Office of Student Services Page 1 of 3



| Complete information, analysis, plan | Complete information, analysis | Complete information, some analysis | Incomplete information | V. Faculty and Staff Hiring Request |
|--------------------------------------|-----------------------------------|--|---|--|
| | t will serve t comprehensive p | porting data how to com the most recen | early and with sup eds. Information fi | Guidelines: The request should explain cl Department/Program/Division/College ne e included. |
| X | | | | . Justification is consistent with accurate data. |
| + | | | | . Justification fits Program /Department/Division/College needs |
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| V. Professional Development Needs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
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| Guidelines: The request should explain c | learly how it will s | erve Department/F | Program/Division | College needs |
| Justification is consistent with Department/Program needs | × | | | |
| Comments/Questions: | BASTOIN | summey t presenting | nn | |

| VI. <u>Equipment Request</u> (Item description, Number of Items, Total Cost) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
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| Guidelines: The request should explain c needs including Item description, Number | learly how the requ of Items, Total Co | uest will serve Dep ost | artment/Program | /Division/College |
| Complete source/cost information | X | | | |
| 2. Justification is consistent with Department/Division/College needs | T | | | |
| Comments/Questions: | | | • | |
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| VII. <u>Facilities Request</u> (Either new or maintenance issues) | Incomplete information | information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|----------------------------|--------------------------------|--|
| Guidelines: The request should explain cl needs. | early how the requ | uest will serve Dep | artment/Program | |
| Justification is consistent with | | | | |
| Department/Division/College needs | X | | | |
| Comments/Questions: | 1 | | <u> </u> | |
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| SSPC Co-Chair Signature: | | | Date: | |
| | | | | |
| VPSS Signature: | | | Date: | |

Office of Student Services Page 3 of 3



| | Annual Program Plan | Feedback - SSPC | Dis 1 | • |
|----------------------------------|---------------------|-----------------|-------------|--------|
| Program: | | | | ENIEW |
| SSPC Member(s) Reviewers: | Not an SSPC | Member / Gue | est DRIENTA | MON & |
| The purpose of this form is to p | 2 | ogram Team. | DAVIS | Rascon |

| I. <u>SLOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| Guidelines: This section should include the second improvements have been implemented due to the SLO assessments? How has student learning been improved due to the changes made? | ne following: | | | |
| Comments/Questions: Needs more statistics of actual attendance at a Do Comparison | on Compari various Events | son of tota | I student po | pulation vs |

| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| Guidelines: This section should include the | he following: | - | | |
| 3. Status of SAO Assessment Cycle. | | | | V |
| Comments/Questions: | | | | |
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Office of Student Services Page 1 of 3



Counseling

SSPC Member(s) Reviewers:

Program:

| I. <u>SLOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| Guidelines: This section should include th | e following: | V | | |
| 1. What program improvements have | | 3820 | | |
| been implemented due to the SLO assessments? | | | | |
| 2. How has student learning been | | | | |
| improved due to the changes made? | | | | |
| Comments/Questions: | | d. trafelil | and in dies. | e e l'oledici |
| veinstated I dismissed I probation CRER courses how many WE increase in demand | * pis. indu | de 4-07-5 Nac | #2401 | west stalls v |

| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| Guidelines: This section should include the | ne following: | | | |
| 3. Status of SAO Assessment Cycle. | | | | |
| Comments/Questions: | | ! | <u> </u> | |
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Office of Student Services Page 1 of 3



| IV. Faculty and Staff Hiring Request | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| Guidelines: The request should explain cl Department/Program/Division/College ne be included. | | | | |
| Justification is consistent with accurate data. | | | | |
| 2. Justification fits Program /Department/Division/College needs | | | | |
| Comments/Questions: include how many straint in | Puente who | (4 | | |

| V. Professional Development Needs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--|
| Guidelines: The request should explain of | clearly how it will s | erve Department/F | Program/Division | College needs |
| Justification is consistent with | | T | | Т |
| Department/Program needs | | | | |
| Comments/Questions: | | 1 | | |
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| VI. <u>Equipment Request</u> (Item description, Number of Items, Total Cost) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| Guidelines: The request should explain c needs including Item description, Number | | | artment/Program | /Division/College |
| 1. Complete source/cost information | | | | |
| 2. Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: | | | | |
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Office of Student Services



| VII. <u>Facilities Request</u> (Either new or maintenance issues) | Incomplete information | information, some analysis | information, analysis | information, analysis, plan |
|--|------------------------|----------------------------|--------------------------|--------------------------------|
| Guidelines: The request should explain claneeds. | early how the requ | uest will serve Dep | artment/Program. | /Division/College |
| Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: old compute | 15 need up | odadins | • | |
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| SSPC Co-Chair Signature: | | | Date: | |
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| VPSS Signature: | | | Date: | |

Office of Student Services Page 3 of 3



Courseling

Program:

| SSPC Member(s) Reviewers: The purpose of this form is to provide fee | edback to the Pr | ogram Team. | · | |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| I. <u>SLOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: This section should include the | e following: | | | |
| What program improvements have been implemented due to the SLO assessments? How has student learning been improved due to the changes made? | | | | |
| Comments/Questions: New Posibo | i not pn | thorward. | | |

| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
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| Guidelines: This section should include th | e following: | | | |
| 3. Status of SAO Assessment Cycle. | | | | |
| Comments/Questions: Can we pron I syree that we need data Are we trying to reach | e efficiency to | of current 40 | heduling mod | 2 8 (30 min, 15 m |

Office of Student Services Page 1 of 3



${\bf Annual\ Program\ Plan\ Feedback\ -\ SSPC}$

| Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
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| | information early and with supeds. Information f | early and with supporting data how eds. Information from the most recent | information, information, |

| V. Professional Development Needs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
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| Guidelines: The request should explain o | clearly how it will s | erve Department/F | Program/Division | /College needs |
| Justification is consistent with Department/Program needs | | | | |
| Comments/Questions: | | 1 | 1 | |
| Comments/Questions. | | | | |
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| 71. Equipment Request (Item lescription, Number of Items, Total Cost) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| Guidelines: The request should explain of the eds including Item description, Number . Complete source/cost information | - | _ | artment/Program | /Division/Collego |
| Justification is consistent with Department/Division/College needs | | | | |

Office of Student Services Page 2 of 3



| Program: Counselin | | <u>;</u> | | |
|--|---|-------------------------------------|--------------------------------|--------------------------------------|
| SSPC Member(s) Reviewers: | Misha M | agg) | | |
| The purpose of this form is to provide f | eedback to the Pro | gram Team. | | |
| I. <u>SLOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: This section should include t | he following: | | | |
| What program improvements have been implemented due to the SLO assessments? How has student learning been improved due to the changes made? | | | | / |
| Comments/Questions: | mala Mais | 11000/1 (| ongrats! | |
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| Looking Into | Raties of How many | why stro | rissal? | 1910. |
| Comments/Questions: Addld Pu Looking into | Ratios of How many | why stro | rissal? | 5/7. |
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| Looking Into | Ratizs of thow many Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| | Incomplete information | Complete information, | Complete information, | Complete information, |
| II <u>SAOs</u> Guidelines: This section should include to 3. Status of SAO Assessment Cycle. | Incomplete information the following: | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| II SAOs Guidelines: This section should include to 3. Status of SAO Assessment Cycle. | Incomplete information the following: | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| II SAOs Guidelines: This section should include to 3. Status of SAO Assessment Cycle. | Incomplete information the following: | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| II SAOs Guidelines: This section should include to 3. Status of SAO Assessment Cycle. | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |



| IV. Faculty and Staff Hiring Request | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|---|
| Guidelines: The request should explain cle Department/Program/Division/College nee be included. | - | | | program should |
| Justification is consistent with accurate data. | | | / | |
| 2. Justification fits Program /Department/Division/College needs | | | V | |
| Comments/Questions: | d like F counselor | T Tenner -> fils | e track | n from |
| V. Professional Development Needs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: The request should explain cle | early how it will s | | <u> </u> | A second |
| Justification is consistent with Department/Program needs | | | | V |
| Comments/Questions: Loc | ils cont | ferences | attended | |
| VI. Equipment Request (Item | | | | |
| description, Number of Items, Total Cost) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: The request should explain cle needs including Item description, Number | | | oartment/Program | /Division/College |
| 1. Complete source/cost information | | | | |
| Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: | VA | | | |

Office of Student Services Page 2 of 3



| VII. <u>Facilities Request</u> (Either new or maintenance issues) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| Guidelines: The request should explain claneeds. | early how the requ | est will serve Dep | artment/Program | Division/College |
| Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: | M | | | |
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| SSPC Co-Chair Signature: | | | Date: | |
| Doi C Co-Chan Dignature. | | | Date. | |
| VPSS Signature: | | | Date: | |



| Program: Counseling | | | | |
|--|------------------------|--------------------------------------|-----------------------------------|--------------------------------------|
| SSPC Member(s) Reviewers: | essica Ba | all N | ot a mem | ber |
| The purpose of this form is to provide fee | dback to the Pro | | did not all mater | |
| I. <u>SLOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: This section should include the | following: | | | |
| What program improvements have been implemented due to the SLO assessments? How has student learning been improved due to the changes made? | | | | |
| Comments/Questions: 115 great Appts - As well as more Students and probation | to see time be student | on thereony ing spent +S. More | ase of co on reinst time wi | ourseling ated :11 definatel |
| improve the probabili | ity of | suchent s | success. | |

| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
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| Guidelines: This section should include t | he following: | | | / |
| 3. Status of SAO Assessment Cycle. | | | | |
| Comments/Questions: | | - American | | - Maio |
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| IV. Faculty and Staff Hiring Request | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| Guidelines: The request should explain cl Department/Program/Division/College ne be included. | | pporting data how | it will serve | |
| Justification is consistent with accurate data. | | | | V |
| 2. Justification fits Program /Department/Division/College needs | | | | $\sqrt{}$ |
| Comments/Questions: | | | | |
| V. Professional Development Needs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: The request should explain cl | learly how it will s | erve Department/F | Program/Division | College needs |
| Justification is consistent with | | | | T / |
| Department/Program needs | | 1 | | \ |
| VI. Equipment Request (Item description, Number of Items, Total Cost) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: The request should explain conneeds including Item description, Number | | uest will serve Dep | | VDivision/College |
| 1. Complete source/cost information | | | / | / |
| 2. Justification is consistent with Department/Division/College needs | | | | 1 |
| Comments/Questions: | | | | |

Office of Student Services Page 2 of 3



Program:

| SSPC Member(s) Reviewers: | Soth Ontive | VO2 | | |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| The purpose of this form is to provide fe | eedback to the Pro | ogram Team. | | |
| I. <u>SLOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: This section should include th | ne following: | | | |
| What program improvements have been implemented due to the SLO assessments? How has student learning been improved due to the changes made? | | | | / |
| Comments/Questions: | | | | <u> </u> |
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| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| II <u>SAOs</u> Guidelines: This section should include th | information | | | |
| II SAOs Guidelines: This section should include the section of SAO Assessment Cycle. | information | information, | information, | information, |
| Guidelines: This section should include the 3. Status of SAO Assessment Cycle. | information | information, | information, | information, |
| Guidelines: This section should include the | information | information, | information, | information, |
| Guidelines: This section should include th 3. Status of SAO Assessment Cycle. | information | information, | information, | information, |
| Guidelines: This section should include the 3. Status of SAO Assessment Cycle. | information | information, | information, | information, |
| Guidelines: This section should include the 3. Status of SAO Assessment Cycle. | information | information, | information, | information, |
| Guidelines: This section should include the 3. Status of SAO Assessment Cycle. | information | information, | information, | information, |
| Guidelines: This section should include the 3. Status of SAO Assessment Cycle. | information | information, | information, | information, |
| Guidelines: This section should include the 3. Status of SAO Assessment Cycle. | information | information, | information, | information, |

Office of Student Services Page 1 of 3



| IV. Faculty and Staff Hiring Request | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--|
| Guidelines: The request should explain cl Department/Program/Division/College ne be included. | | | | program should |
| Justification is consistent with accurate data. | | | | / |
| 2. Justification fits Program /Department/Division/College needs | | | | \ |
| Comments/Questions: Administrative help for Phen | t. Program | | | |

| V. Professional Development Needs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| Guidelines: The request should explain of | clearly how it will s | erve Department/F | Program/Division | College needs |
| Justification is consistent with Department/Program needs | | | | |
| Comments/Questions: | | | | 1 |
| <u> </u> | | | | |
| | | | | |

| VI. Equipment Request (Item description, Number of Items, Total Cost) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| Guidelines: The request should explain c needs including Item description, Number | - | _ | artment/Program | /Division/College |
| 1. Complete source/cost information | | | | |
| 2. Justification is consistent with Department/Division/College needs | | | | V |
| Comments/Questions: H-Additional laptops | (Apple on 7 | 0) | | |

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| maintenance issues) | Incomplete information | information, some analysis | information, analysis | information, analysis, plan |
|--|------------------------|-------------------------------|--------------------------|--------------------------------|
| Guidelines: The request should explain cleneeds. | early how the requ | uest will serve Dep | artment/Program/ | Division/College |
| Justification is consistent with | | | | |
| Department/Division/College needs | | | | |
| Comments/Questions: | • | | | |
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| | | | | |
| SSPC Co-Chair Signature: | | | Date: | |
| - | | | | |
| | | | | |
| VPSS Signature: | | | Date: | |



| Program: COUNSELING | | | | |
|---|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| SSPC Member(s) Reviewers: | in top | 162 | · | |
| The purpose of this form is to provide feed | dback to the Pro | gram Team. | | |
| I. <u>SLOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: This section should include the What program improvements have been implemented due to the SLO assessments? How has student learning been improved due to the changes made? | following: | | | V |
| Have an changes occured in the counsaling anaryon averages of results. It was included | | | | |
| in orginal pla | W. | | | |
| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: This section should include the 3. Status of SAO Assessment Cycle. | following: | | | V |
| Comments/Questions: | | | | |
| areat survey. | | | | |



| IV. Faculty and Staff Hiring Request | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--|
| Guidelines: The request should explain cl Department/Program/Division/College ne- be included. | | | | program should |
| Justification is consistent with accurate data. | | | | |
| 2. Justification fits Program /Department/Division/College needs | | | | |
| Comments/Questions: | | | | s. |
| | | | | |
| V. Professional Development Needs | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: The request should explain cl | early how it will s | | | |
| Justification is consistent with Department/Program needs | | | | V |
| Comments/Questions: | | | | |
| | | | | |
| VI. <u>Equipment Request</u> (Item description, Number of Items, Total Cost) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: The request should explain cl needs including Item description, Number | | | oartment/Program | / Division/College |
| 1. Complete source/cost information | T | | | |
| 1. Complete source/cost information | [| 1 | | 1 |
| Justification is consistent with Department/Division/College needs | | | | |

Office of Student Services Page 2 of 3



| VII. <u>Facilities Request</u> (Either new or maintenance issues) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan | | |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|--|--|
| Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs. | | | | | | |
| Justification is consistent with Department/Division/College needs | | | | | | |
| Comments/Questions: | | | | | | |
| Overall Great Pro | roum | Revieu | √. | | | |
| SSPC Co-Chair Signature: | | | Date: | | | |
| VPSS Signature: | | | Date: | | | |



${\bf Annual\ Program\ Plan\ Feedback\ -\ SSPC}$

| Program: Counseling | | | | | |
|--|-------------|---------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| SSPC Member(s) Reviewers: Ruth miller | | | | | |
| The purpose of this form is to provide feedback to the Program Team. | | | | | |
| I. <u>SLOs</u> | | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: This section should inc | lude the fo | ollowing: | | | |
| What program improvements hat been implemented due to the SL assessments? How has student learning been improved due to the changes management. | .o. | | | | |
| Comments/Questions: | • | | | | |
| GOOD INFORMATION | | | | | |

| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan | |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|--|
| Guidelines: This section should include the following: | | | | | |
| 3. Status of SAO Assessment Cycle. | | | | ~ | |
| Comments/Questions: | | | | | |
| 600D INFORMATION | | | | | |

Office of Student Services Page 1 of 3



| IV. Faculty and Staff Hiring Request | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|---|--|-------------------------------------|---------------------------------------|--------------------------------------|
| Guidelines: The request should explain cl Department/Program/Division/College ne be included. | | porting data how | it will serve | |
| Justification is consistent with accurate data. | | V | | |
| 2. Justification fits Program /Department/Division/College needs Comments/Questions: | | V | | |
| V. Professional Development Needs | Incomplete information | Complete information, | Complete information, | Complete information, |
| Guidelines: The request should explain cl | | some analysis erve Department/F | analysis Program/Division | analysis, plan College needs |
| Justification is consistent with | | | | |
| Department/Program needs | | | | |
| VI. Equipment Request (Item description, Number of Items, Total Cost) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: The request should explain cl needs including Item description, Number | early how the requote of Items, Total Co | uest will serve Dep ost | artment/Program | /Division/College |
| 1. Complete source/cost information | | | | V |
| Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: | | | | |

Office of Student Services Page 2 of 3



| VII. <u>Facilities Request</u> (Either new or maintenance issues) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan | | | |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|--|--|--|
| Guidelines: The request should explain cleaneeds. | | | | | | | |
| Justification is consistent with Department/Division/College needs | | | | | | | |
| Comments/Questions: N/A | | | | | | | |
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| | ¥ | | | | | | |
| SSPC Co-Chair Signature: | ulley | | Date: | 1815 | | | |
| | | | | | | | |
| VPSS Signature: | | | Date: | | | | |

Date:



COUNSELING

Program:

| SSPC Member(s) Reviewers: | (HARTM | AN | | | |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|--|
| The purpose of this form is to provide feedback to the Program Team. | | | | | |
| I. <u>SLOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan | |
| Guidelines: This section should include the following: | | | | | |
| What program improvements have been implemented due to the SLO assessments? How has student learning been improved due to the changes made? | | | X | | |
| Comments/Questions: WOULD LIKE TO SEE THE SLO'S TED INTO MEN PROPOSALS LIKE NEXPLES COUNSELING AS A RESULT OF SCO FWDINDS, CR HIGHLY JUSTIFICATIONS | | | | | |

| II <u>SAOs</u> | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
|--|------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| Guidelines: This section should include the | e following: | | | |
| 3. Status of SAO Assessment Cycle. | | | X | |
| Comments/Questions: PLAN TO 1. WOULD LIKE ON THE C | | | ze is ta | od, aset |

Office of Student Services Page 1 of 3



| IV. Faculty and Staff Hiring Request | Incomplete information | Complete information, some analysis | Complete information, | Complete information, |
|--|---|-------------------------------------|---|--------------------------------------|
| Guidelines: The request should explain of Department/Program/Division/College no be included. | learly and with su eeds. Information j | | analysis it will serve nt comprehensive | analysis, plan |
| Justification is consistent with accurate data. | | | | X |
| Justification fits Program /Department/Division/College needs | | | | Х |
| Comments/Questions: FT POSITI | on fits 1 | Uff Of Hours, | PRO GRAM | |
| V. <u>Professional Development Needs</u> Guidelines: The request should explain cl | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Justification is consistent with Department/Program needs Comments/Questions: | | | | X |
| VI. Equipment Request (Item | | | | |
| lescription, Number of Items, Total Cost) | Incomplete information | Complete information, some analysis | Complete information, analysis | Complete information, analysis, plan |
| Guidelines: The request should explain cle needs including Item description, Number o | arly how the reque of Items, Total Cos | est will serve Depo t | artment/Program/ | Division/College |
| . Complete source/cost information | | | | Х |
| Justification is consistent with Department/Division/College needs | | | | X |
| Comments/Questions: | | | | • |



| maintenance issues) | Incomplete information | information, some analysis | information, analysis | information, analysis, plan |
|--|------------------------|----------------------------|--------------------------|--------------------------------|
| Guidelines: The request should explain cleaneeds. | early how the req | uest will serve Dep | artment/Program | /Division/College |
| Justification is consistent with Department/Division/College needs | | | | |
| Comments/Questions: | | | | |
| NOT AP | pucasac | | | |
| | | | | |
| | | | | |
| SSPC Co-Chair Signature: | | | Date: | • |
| | | | | |
| VPSS Signature: | | | Date: | |