# Annual Program Plan/Review Assessment—Instructional Planning Committee

|  |  |
| --- | --- |
| Program Name: Communication Studies | Division: |
| Date Reviewed: |

The purpose of this form is to provide feedback on the quality of the program review to the Department/Program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Instructional Program Review | Performance Level | | |  |
|  | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Example** |
| Executive Summary | | | |  |
| Please summarize your program’s strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees. | Provided:  Summary of strengths  Summary of opportunities/challenges  Summary of action plans  Thorough summary | Information needed:  Summary of strengths  Summary of opportunities/challenges  Summary of action plans | More direct/thorough statement of action plans needed. |  |
| Program Context | | | |  |
| 1. Mission: | Mission provided | Mission needed | Mission is thorough. |  |
| 1. Articulation: Describe how your program’s articulation may be impacted by changes in curriculum and degree requirements at high schools and 4-year institutions. Describe your efforts to accommodate these changes. | Provided:  Evidence  Analysis  Impact on program  Efforts to make changes | Information needed:  Evidence  Analysis  Impact on program  Efforts to make changes | No recommendation or change needed  Not applicable  Statement explaining that their department is influenced by transfer agreements makes this highly applicable to your department. How does the COMM ADT address articulation? How does transfer degree institution address articulation? |  |
| 1. Community and Labor Needs: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program. CTE programs should identify the dates of their advisory group meetings. | Provided description of:  Community needs  Employment needs  Technology needs  Licensing  Accreditation  Impact on program | Information needed:  Community needs  Employment needs  Technology needs  Licensing  Accreditation  Impact on program | No recommendation or change needed  Not applicable  Click here to enter text. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Instructional Program Review | Performance Level | | |  |
|  | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Example** |
| Looking Back | | | |  |
| 1. Curricular Changes: List any significant changes that have occurred in your program’s curricular offerings, scheduling, or mode of delivery. Explain the rationale for these changes. | Provided:  List of changes that occurred  Rationale for changes | Information needed:  List of changes that occurred  Rationale for changes | No recommendation or change needed  Not applicable  Very useful information regarding their program. Not applicale since curricular changes were not included. |  |
| 5A. Progress Report—IPC Feedback: Provide your responses to all recommendations received in your last program review cycle | Provided:  Response to all recommendations | Information needed:  Response to all recommendations | No recommendation or change needed  Not applicable  All information is addressed. |  |
| 5B. Progress Report—Prior Action Plans: Provide a summary of the progress you have made on the strategic action plans identified in your last program review. | Provided:  Summary of progress | Information needed:  Summary of progress | No recommendation or change needed  Not applicable  Thank you for providing the prior action plan. Very helpful! The color coding made it easiser to note the present and past program review. |  |
| 6A. Impact of Resource Applications: Describe the impact to-date that new resources (equipment, facilities, research) requested in prior years' program reviews have had on your program. If measurable impacts on student success have been observed, be sure to describe these and include any documentation/evidence. If no resources have been recently requested, please write “not applicable”. | Provided:  Thorough description of new resources’ impact on program  Thorough description of impact on students  Efforts to make changes | Information needed:  Further description of new resources’ impact on program  Further description of impact on students  Efforts to make changes | Not Applicable  Thorough descriptions are included. Efforts to makes changes were not included, but we feel were not necessary in this case. |  |
| 6B. Impact of Staffing Changes: Describe the impact on your program of any changes in staffing levels (for example, the addition, loss or reassignment of faculty/staff). If no changes have occurred, please write "not applicable". | Provided:  Thorough description of staffing changes’ impact on program | Information needed:  Further description of staffing changes’ impact on program | Not Applicable  Click here to enter text. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Instructional Program Review | Performance Level | | | |
|  | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Example** |
| Current State of the Program | | | | |
| 7A. Connection & Entry--Observation: Describe trends in program and course enrollments, FTES, LOAD and Fill Rates. Cite quantitative data and identify the specific tables from the data packets. If other sources of data are used, please upload these documents or provide URLs. | Provided:  Thorough description of trends in all identified areas  Quantitative evidence from data packets | Information needed:  Further description of trends in all identified areas  Quantitative evidence from data packets | No recommendation or change needed  Click here to enter text. |  |
| 7B. Connection & Entry—Evaluation: What changes could be implemented, including changes to course scheduling (times/days/duration/delivery mode/number of sections), marketing, and articulation that may improve these trends in enrollment? | Identified:  Changes that could be implemented | Information needed:  Changes that could be implemented | No recommendation or change needed  Not applicable  Click here to enter text. |  |
| 8A. Progress & Completion—Observation: Describe trends in student success and retention disaggregated by: ethnicity, gender, age, enrollment status, and day/evening. Cite quantitative data and specific tables from the data packets. If other sources of data are used, please upload these documents or provide URLs. | Provided:  Thorough description of trends in all identified areas  Quantitative evidence from data packets | Information needed:  Further description of trends in all identified areas  Quantitative evidence from data packets | No recommendation or change needed  Click here to enter text. |  |
| 8B. Progress & Completion Online—Observation: For online courses describe any significant differences in the success and retention of students who are taking online courses compared to face-to-face (f2f) courses. | Provided:  Description of differences compared to f2f courses | Information needed:  Description of differences compared to f2f courses | Not applicable  Great example of a partnership and the change they made in result. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Instructional Program Review | Performance Level | | | |
|  | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Example** |
| 8C. Progress & Completion—Evaluation: Based on these trends, what do you feel are significant factors or barriers influencing student success in your courses and program? What changes (e.g. in curriculum, pedagogy, scheduling, modality) could be implemented to improve these trends? | Provided:  Discussion of factors/barriers influencing student success  Discussion of potential changes | Information needed:  Discussion of factors/barriers influencing student success  Discussion of potential changes | No recommendation or change needed  Not applicable  In 8A a comment was made regarding disparities and success rates across the ethnicities. This information would have been applicable in this category. Discussion of potential changes was not needed in this category. |  |
| 9A. SLO Assessment—Compliance: Are all course SLOs being systematically assessed at least once/4 years? Describe the coordination of SLO assessment across sections and over time. | Provided:  Evidence that SLOs are assessed at least once/4 years  Coordination of assessment across sections and time is thorough | Information needed:  Evidence that SLOs are assessed at least once/4 years  Further description of assessment across sections and time | Click here to enter text. |  |
| 9B. SLO Assessment - Impact: Summarize the dialogue that has resulted from these course SLO assessments. What are some improvements in your courses that have been implemented through SLO assessment? How has student learning (SL) been improved by changes in teaching? Cite specific examples. | Provided:  Summary dialogue  Improvements implemented  Thorough description of how SL has been improved by changes in teaching | Information needed:  Summary dialogue  Improvements implemented  Further description of how SL has been improved by changes in teaching | Click here to enter text. |  |
| 10A. PLO Assessment—Plan: Describe your program’s Program Learning Outcomes assessment plan. | Provided:  Evidence of assessment plan  Thorough description of assessment plan is thorough | Information needed:  Evidence of assessment plan  Further description of assessment plan | Click here to enter text. |  |
| 10B. PLO Assessment—Impact: Summarize the major findings of your program’s PLO assessments. What are some improvements that have been, or can be, implemented as a result of PLO assessment? | Provided:  Summary of findings  Thorough discussion of improvements | Information needed:  Summary of findings  Further discussion on improvements | Thorough description of reflection and process improvement. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Instructional Program Review | Performance Level | | | |
|  | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Example** |
| Looking Ahead | | | | |
| 11. Program Improvement Initiatives:  Use the objectives in the Planning module to describe the action plans that your program intends to implement. Describe your plan. Be sure to describe any research or training you will need to accomplish these plans. Then select PRIE and/or Professional Development in the "Units Impacted" section. | Provided:  Thorough description of action plans | Information needed:  Further description of action plans | No recommendation or change needed  No action plans provided. |  |

**Overall Commendations: This discipline is clearly making a strong contribution to the College, as evidenced by the data presented and analyzed in this Program Review. In addition, the reviewers appreciated the clear and direct responses to many of the questions asked in this report. It was very easy to follow for reviewers who are not faculty members in the COMM department.**

**Overall Recommendations: We agree that this program is growing at an exciting pace. What is the plan to continue this growth?**

**Overall Program Effectiveness:**

Highly effective

Effective

Needs program improvement

**Dean’s perspective on the vitality of program:**

*See the executive summary and select the “IPR” tab in SPOL*

**Approval Process is embedded in SPOL (Approval from IPC chairs and VPs)**