# Administrative Program Review Assessment

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| Program Name: | Admin. PR Peer Reviewers: |

The purpose of this form is to provide feedback on the quality of the program review to the Program Review author(s)

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| Administrative Program Review | Performance Level | | |  |
|  | **Commendations** | **Recommendations** | **Comments** | **ACCJC Exemplary Check** |
| Executive Summary | | | |  |
| Please summarize your program’s strengths, opportunities/challenges, and action plans. This information will be presented to the Board of Trustees. | Provides:  Summary of strengths  Summary of challenges  Summary of action plans  Thorough summary | Information needed:  Summary of strengths  Summary of challenges  Summary of action plans  Thorough summary |  |  |
| Program Context | | | |  |
| 1. Mission: | | | |  |
| 1. Program Description | Provides:  Evidence  Analysis  Impact on students  Efforts to make changes | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes |  |  |
| 1. Community and Labor Needs: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program. | Provides:  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 |  |
| Looking Back | | | | |
| 1. Describe major accomplishments | Provides:  Evidence  Analysis  Impact on students  Efforts to make changes | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes |  |  |
| 1. Impact of Resources Allocations: Describe the impact to date that each new resource (staff, non-instructional assignment, equipment, facilities, research, funding) has had on your program and measures of student success or client satisfaction. | Provides:  Thorough description of new resources’ impact on program  Thorough description of impact on students  Efforts to make changes  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 |  |

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| Current State of the Program | | | |  |
| 6A. State of the Program—Observation: Describe the current state of the program (include strengths and challenges) | Provides:  Evidence  Analysis  Impact on students  Efforts to make changes | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes | No recommendation or change needed |  |
| 6B. State of Program—Evaluation: What changes could be implemented to improve your program? | Provides:  Evidence  Analysis  Impact on students  Efforts to make changes | Information needed:  Evidence  Analysis  Impact on students  Efforts to make changes | No recommendation or change needed |  |
| Program Improvement Initiatives | | | | |
| 7A. How will you address the opportunities for improvement that you identified throughout the prior sections of this Program Review? | Provided:  Thorough description of opportunities for improvement | Information needed:  Further description of opportunities for improvement | No recommendation or change needed |  |
| 7B. What are your goals for your program/area for the next three years? | Provided:  Thorough description of 3-year program goals | Information needed:  Further description of 3-year program goals | No recommendation or change needed |  |
| 7C. Describe the actions you plan to take during the next 3 years to accomplish these goals. | Provided:  Thorough description of action plans | Information needed:  Further description of action plans | No recommendation or change needed |  |

**Overall Commendations:**

**Overall Recommendations:**

**Overall Program Effectiveness:**

* Highly effective
* Effective
* Needs program improvement