Student Services Comprehensive Program Review
Peer Review Assessment & Feedback Form

Program Name:	Student Services Planning Council Peer Reviewers:

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

Student Services Program Review	Performance Level			
	Commendations	**Recommendations**	**Comments**	**ACCJC Exemplary Check**
Overall Summary				
Please summarize your program's strengths, opportunities/challenges, and action plan**s.**	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: How does your program align with the College and District mission?	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		☐
2. Program Description Who does your program serve? How many students are served by your program? How does your program intentionally serve underrepresented, disproportionately impacted or racially minoritized students (ie. Black and/or Indigenous People of Color; Gay, Lesbian, Bisexual, Transgender, Queer, Intersex, and Asexual; 1st Gen; Foster; Homeless; Undocumented; Veteran; Low-Income; or other disproportionately impacted student populations identified in our Student Equity data, etc.)? How has student access, retention, and completion changed over the course of this program review cycle?	Provides: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes	Information needed: ☐ Evidence ☐ Analysis ☐ Impact on students ☐ Efforts to make changes		☐

What delivery method(s) does your program utilize to best serve students? (ie. in person, in the community, online, hybrid, hyflex, scheduled appointments, drop ins etc.). How does your program determine which delivery methods are most beneficial for students? What are your on and off-campus community partnerships and how are they operationalized to support students? How does your program support Cañada College as an Hispanic-Serving Institution (HSI) and Asian American and Native American Pacific Islander-Serving Institutions (AANAPISI) designated institution?				
3. ~~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				
4. Describe major accomplishments since the last program review cycle. How did your accomplishments help to close the opportunity gap for disproportionately impacted, underserved or racially minoritized students? Describe major challenges since the last program review cycle. Have these challenges contributed to the expansion of or continuation of equity gaps?	Provides: □ Evidence □ Analysis □ Impact on students □ Efforts to make changes	Information needed: □ Evidence □ Analysis □ Impact on students □ Efforts to make changes		□
Impact of Resource Allocations				
5. Describe the impact to date of previously requested resources (staff, non-instructional assignment, equipment, facilities, research, funding) including both resource requests that were approved and not approved. What impact have these resources had on your program/department/office and measures of student success or client satisfaction? What have you been unable to accomplish due to resource requests that were not approved?	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	□

How have these resources (or lack of resources) specifically disproportionately impacted students/clients?		

Administrative Program Review	Performance Level			
	Commendations	**Recommendations**	**Comments**	**ACCJC Exemplary Check**
SAOs and SLOs				
6. State your Service Area Outcomes (SAOs) and/or Student Learning Outcomes (SLOs) Describe how your program assessed your SAOs and/or SLOs. Summarize the findings of your program's SAOs/SLOs. What are some improvements that have been, or can be, implemented as a result of SAO/SLO Assessment? Please include meaningful action plans. How did your program's SAO/SLO assessment address antiracism? How did your program's SAO/SLO assessment address equity?	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	□
Looking Ahead				
7. SAOs and SLOs for the Next Review Cycle: State your SAOs and SLOs for the next review cycle. Describe how you will address identified opportunities for improvement. Discuss how you will address antiracism in the next program review cycle. Describe how you will address equity in the next program review cycle.	Provided: □ ~~Thorough description of opportunities for improvement~~	Information needed: □ ~~Further description of opportunities for improvement~~	□ No recommendation or change needed	□
8. Program Improvement Initiatives/Resource Requests: With an equity and antiracism lens, what changes could be implemented to improve your program? Please include meaningful action plans to improve student access and success. How will you address the opportunities for improvement that you identified throughout the prior sections of this Program Review? What additional antiracism training do you/your program need in the upcoming year?	Provided: □ ~~Thorough description of 3-year program goals~~	Information needed: □ ~~Further description of 3-year program goals~~	□ No recommendation or change needed	□

What research or training will you need to accomplish these plans? What supplies, equipment, or facilities improvements do you need?				

Overall Commendations:

Overall Recommendations:

Overall Program Effectiveness:

€   Highly effective

€   Effective

€   Needs program improvement