# Student Services Comprehensive Program Review Peer Review Assessment & Feedback Form

| Program Name:           | Student Services Planning Council Peer Reviewers: |
|-------------------------|---|
| Colts-U Transfer Center | Maria Lara-Blanco and Lorraine Barrales-Ramirez   |
|                         |   |
|                         |   |
|                         |   |

#### 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<br>Exemplary<br>Check |
| Overall Summary   |   |   |  |                             |
| Please summarize your program's strengths, opportunities/challenges, and action plans.  | <ul> <li>Provides:</li> <li>Summary of strengths</li> <li>Summary of challenges</li> <li>Summary of action plans</li> <li>Thorough summary</li> </ul> | <ul> <li>Information needed:</li> <li>Summary of strengths</li> <li>Summary of challenges</li> <li>Summary of action plans</li> <li>Thorough summary</li> </ul> |  |                             |
| Program Context   |   |   |  |                             |
| <ol> <li>Mission: How does your program align with the College and District<br/>mission?</li> </ol>   | <ul> <li>Provides:</li> <li>Summary of strengths</li> <li>Summary of challenges</li> <li>Summary of action plans</li> <li>Thorough summary</li> </ul> | <ul> <li>Information needed:</li> <li>Summary of strengths</li> <li>Summary of challenges</li> <li>Summary of action plans</li> <li>Thorough summary</li> </ul> |  |                             |
| 2. Program Description  | Provides:   | Information needed:   | What timeframe do  |                             |
| Who does your program serve?<br>How many students are served by your program?<br>How does your program intentionally serve underrepresented,<br>disproportionately impacted or racially minoritized students (ie. Black<br>and/or Indigenous People of Color; Gay, Lesbian, Bisexual,<br>Transgender, Queer, Intersex, and Asexual; 1st Gen; Foster; Homeless;<br>Undocumented; Veteran; Low-Income; or other disproportionately<br>impacted student populations identified in our Student Equity data,<br>etc.)? | <ul> <li>Evidence</li> <li>Analysis</li> <li>Impact on students</li> <li>Efforts to make changes</li> </ul>   | <ul> <li>Evidence</li> <li>Analysis</li> <li>Impact on students</li> <li>Efforts to make changes</li> </ul>   | the numbers under<br>2a cover?<br>Suggestions to add<br>data on #s of TAs,<br>ADTs, & UC, CSU<br>transfer data, and<br>scholarship and<br>transfer<br>recognition. |                             |

| <ul> <li>How has student access, retention, and completion changed over the course of this program review cycle?</li> <li>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?</li> <li>What are your on and off-campus community partnerships and how are they operationalized to support students?</li> <li>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?</li> </ul> |  |   | Include info/data<br>prior to fall 2023<br>to show growth<br>On and off<br>campus<br>partnerships,<br>include<br>Counseling to<br>support CSU and<br>UC application<br>drop-ins.<br>Are there any<br>off-campus<br>events that staff<br>has participated<br>since the last<br>program review? |  |
|--|--|---|---|--|
| <ol> <li>Community and Labor Needs: Describe how changes in community<br/>needs, employment needs, technology, licensing, or accreditation<br/>affect your program.</li> </ol>   | <ul> <li>Provides:</li> <li>Community needs</li> <li>Employment needs</li> <li>Technology needs</li> <li>Licensing</li> <li>Accreditation</li> <li>Impact on program</li> </ul>      | <ul> <li>Information needed:</li> <li>Community needs</li> <li>Employment needs</li> <li>Technology needs</li> <li>Licensing</li> <li>Accreditation</li> <li>Impact on program</li> </ul> | <ul> <li>No</li> <li>recommendation</li> <li>or change needed</li> <li>Not applicable</li> </ul>  |  |
| Looking Back   |  |   |   |  |
| <ul> <li>4. Describe major accomplishments since the last program review cycle.<br/>How did your accomplishments help to close the opportunity gap for<br/>disproportionately impacted, underserved or racially minoritized<br/>students?</li> <li>Describe major challenges since the last program review cycle. Have<br/>these challenges contributed to the expansion of or continuation of<br/>equity gaps?</li> </ul>   | <ul> <li>Provides:</li> <li>Evidence</li> <li>Analysis</li> <li>Impact on students</li> <li>Efforts to make changes</li> </ul>   | <ul> <li>Information needed:</li> <li>Evidence</li> <li>Analysis</li> <li>Impact on students</li> <li>Efforts to make changes</li> </ul>  | Include ADTs and<br>TAGs data.<br>Start #8 with how<br>Colts U started.   |  |
| Impact of Resource Allocations   |  |   |   |  |
| <ol> <li>Describe the impact to date of previously requested resources (staff,<br/>non-instructional assignment, equipment, facilities, research, funding)<br/>including both resource requests that were approved and not<br/>approved.</li> </ol>  | <ul> <li>Provides:</li> <li>Thorough description of new resources' impact on program</li> <li>Thorough description of impact on students</li> <li>Efforts to make changes</li> </ul> | <ul> <li>Information needed:</li> <li>Further description of new resources' impact on program</li> <li>Further description of impact on students</li> </ul>                               | <ul> <li>Not Applicable</li> <li>Include information<br/>as to why it's<br/>important for<br/>system-impacted</li> </ul>  |  |

| What impact have these resources had on your program/department/office and measures of student success or client satisfaction? | Efforts to make changes | Efforts to make changes | students to visit<br>4-year universities. |  |
|--|-------------------------|-------------------------|---|--|
| What have you been unable to accomplish due to resource requests that were not approved?                                       |                         |                         |   |  |
| How have these resources (or lack of resources) specifically disproportionately impacted students/clients?                     |                         |                         |   |  |

| Administrative Program Review  |  | Performance Level   |  |                            |
|--|--|---|--|----------------------------|
|  | Commendations  | Recommendations   | Comments   | ACCJC<br>Exemplar<br>Check |
| SAOs and SLOs  |  |   |  |                            |
| <ul> <li>6. State your Service Area Outcomes (SAOs) and/or Student<br/>Learning Outcomes (SLOs)</li> <li>Describe how your program assessed your SAOs and/or SLOs.</li> <li>Summarize the findings of your program's SAOs/SLOs.</li> <li>What are some improvements that have been, or can be,<br/>implemented as a result of SAO/SLO Assessment? Please include<br/>meaningful action plans.</li> <li>How did your program's SAO/SLO assessment address antiracism?</li> <li>How did your program's SAO/SLO assessment address equity?</li> </ul> | <ul> <li>Provides:</li> <li>Evidence</li> <li>Analysis</li> <li>Impact on students</li> <li>Efforts to make changes</li> </ul> | Information needed: <ul> <li>Evidence</li> <li>Analysis</li> <li>Impact on students</li> <li>Efforts to make changes</li> </ul> | <ul> <li>No<br/>recommendation<br/>or change<br/>needed</li> <li>SAOs listed with<br/>benchmarks<br/>sound more like<br/>goals than SAOs.</li> <li>Examples: What<br/>did students<br/>learn about the<br/>transfer process<br/>when they met<br/>with a transfer<br/>counselor or<br/>attended a<br/>workshop? What<br/>have students<br/>learned about<br/>ADTs and TAGs?</li> </ul> |                            |

| 7. SAOs and SLOs for the Next Review Cycle: State your<br>SAOs and SLOs for the next review cycle. Describe how you<br>will address identified opportunities for improvement.<br>Discuss how you will address antiracism in the next<br>program review cycle. Describe how you will address equity<br>in the next program review cycle.  | Provided:  | Information needed:  | <ul> <li>No</li> <li>recommendation</li> <li>or change</li> <li>needed</li> </ul>   |  |
|--|--|--|---|--|
| <ul> <li>8. Program Improvement Initiatives/Resource Requests:</li> <li>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.</li> <li>How will you address the opportunities for improvement that you identified throughout the prior sections of this Program Review?</li> <li>What additional antiracism training do you/your program need in the upcoming year?</li> <li>What research or training will you need to accomplish these plans?</li> <li>What supplies, equipment, or facilities improvements do you need?</li> </ul> | Provided:<br>Thorough description of 3 year<br>program goals | Information needed:      Further description of 3 year program goals | <ul> <li>No</li> <li>recommendation</li> <li>or change</li> <li>needed</li> <li>Is there</li> <li>anything as a</li> <li>wishlist you</li> <li>would like to</li> <li>include?</li> </ul> |  |

### **Overall Commendations:**

#### **Overall Recommendations:**

## **Overall Program Effectiveness:**

- € Highly effective
- € Effective
- € Needs program improvement