

Student Services Comprehensive Program Review Peer Review Assessment & Feedback Form

Program Name: Comprehensive Program Review Report - Counseling	Student Services Planning Council Peer Reviewers: Maria Huning, Mary Ho, Kassie Alexander, Sierra Orduna
--	--

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 plans.	Provides: <input checked="" type="checkbox"/> Summary of strengths <input checked="" type="checkbox"/> Summary of challenges <input checked="" type="checkbox"/> Summary of action plans <input checked="" type="checkbox"/> Thorough summary	Information needed: <input type="checkbox"/> Summary of strengths <input type="checkbox"/> Summary of challenges <input type="checkbox"/> Summary of action plans <input type="checkbox"/> Thorough summary	Include what acronyms stand for. Make it clear who “we” stands for.	<input type="checkbox"/>
Program Context				
1. Mission: How does your program align with the College and District mission?	Provides: <input checked="" type="checkbox"/> Summary of strengths <input checked="" type="checkbox"/> Summary of challenges <input checked="" type="checkbox"/> Summary of action plans <input checked="" type="checkbox"/> Thorough summary	Information needed: <input type="checkbox"/> Summary of strengths <input type="checkbox"/> Summary of challenges <input type="checkbox"/> Summary of action plans <input type="checkbox"/> Thorough summary	N/a	<input type="checkbox"/>
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: <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes	Information needed: <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes	When using acronyms for the first time, include the full name of the program being mentioned.	<input type="checkbox"/>

<p>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?</p> <p>What are your on and off-campus community partnerships and how are they operationalized to support students?</p> <p>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?</p>				
<p>3. Community and Labor Needs: Describe how changes in community needs, employment needs, technology, licensing, or accreditation affect your program.</p>	<p>Provides:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Community needs <input type="checkbox"/> Employment needs <input type="checkbox"/> Technology needs <input type="checkbox"/> Licensing <input type="checkbox"/> Accreditation <input type="checkbox"/> Impact on program 	<p>Information needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Community needs <input type="checkbox"/> Employment needs <input type="checkbox"/> Technology needs <input type="checkbox"/> Licensing <input type="checkbox"/> Accreditation <input type="checkbox"/> Impact on program 	<ul style="list-style-type: none"> <input type="checkbox"/> No recommendation or change needed <input type="checkbox"/> Not applicable 	<input type="checkbox"/>
<p>Looking Back</p>				
<p>4. Describe major accomplishments since the last program review cycle.</p> <p>How did your accomplishments help to close the opportunity gap for disproportionately impacted, underserved or racially minoritized students?</p> <p>Describe major challenges since the last program review cycle. Have these challenges contributed to the expansion of or continuation of equity gaps?</p>	<p>Provides:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes 	<p>Information needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes 	<p>Include data/statistics to support accomplishments</p>	<input type="checkbox"/>
<p>Impact of Resource Allocations</p>				
<p>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.</p> <p>What impact have these resources had on your program/department/office and measures of student success or client satisfaction?</p> <p>What have you been unable to accomplish due to resource requests that were not approved?</p>	<p>Provides:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Thorough description of new resources' impact on program <input checked="" type="checkbox"/> Thorough description of impact on students <input checked="" type="checkbox"/> Efforts to make changes <input checked="" type="checkbox"/> Efforts to make changes 	<p>Information needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Further description of new resources' impact on program <input type="checkbox"/> Further description of impact on students <input type="checkbox"/> Efforts to make changes 	<p><input checked="" type="checkbox"/> Not Applicable</p>	<input type="checkbox"/>

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				
<p>6. State your Service Area Outcomes (SAOs) and/or Student Learning Outcomes (SLOs)</p> <p>Describe how your program assessed your SAOs and/or SLOs.</p> <p>Summarize the findings of your program's SAOs/SLOs.</p> <p>What are some improvements that have been, or can be, implemented as a result of SAO/SLO Assessment? Please include meaningful action plans.</p> <p>How did your program's SAO/SLO assessment address antiracism?</p> <p>How did your program's SAO/SLO assessment address equity?</p>	<p>Provides:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Analysis <input checked="" type="checkbox"/> Impact on students <input checked="" type="checkbox"/> Efforts to make changes 	<p>Information needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence <input type="checkbox"/> Analysis <input type="checkbox"/> Impact on students <input type="checkbox"/> Efforts to make changes 	<p><input checked="" type="checkbox"/> No recommendation or change needed</p>	<p><input type="checkbox"/></p>
Looking Ahead				
<p>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.</p>	<p>Provided:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thorough description of opportunities for improvement 	<p>Information needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Further description of opportunities for improvement 	<p><input type="checkbox"/> No recommendation or change needed</p>	<p><input type="checkbox"/></p>
<p>8. Program Improvement Initiatives/Resource Requests:</p> <p>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.</p> <p>How will you address the opportunities for improvement that you identified throughout the prior sections of this Program Review?</p> <p>What additional antiracism training do you/your program need in the upcoming year?</p>	<p>Provided:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thorough description of 3-year program goals 	<p>Information needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Further description of 3-year program goals 	<p><input type="checkbox"/> No recommendation or change needed</p>	<p><input type="checkbox"/></p>

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

Overall Commendations:

Summaries were well-written and clearly conveyed the positive impact of the counseling program.

Overall Recommendations:

Include what acronyms stand for when referring to different programs or outcomes so those unaware of what the acronyms may stand for will know.

Ensure it is clear who "we" stands for in the program review.

Overall Program Effectiveness:

€ Highly effective

€ Effective

€ Needs program improvement