



Program Review: 2017-18

Program: _____

☐ Self Study

☐ Annual Update

Prepared and submitted by:

Part I: Program Overview

A. Program Data Overview:

B. Student Learning Outcomes Assessment Overview:

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E. Technology, Equipment, and Facilities:

H. Industry Trends/Advisory Committee Recommendations (Required for CTE):

What additional data would help with your next program review?

Part II: Program Goals and Recommendations

List any short-term or long-term goals for the program:

Recommendation #1:

Rationale/Supporting Evidence:

Check all areas that apply:

☐ Academic Support

☐ Curriculum

☐ Distance Education

☐ Equipment

☐ Facilities

☐ Library Resources

☐ Professional Dev.

☐ Safety

☐ Scheduling

☐ Staffing

☐ Technology

☐ Other: _____

Action plan:

Responsible party/parties:

Timeline:

☐ Has associated cost: \$ _____

Priority: _____

Recommendation #2:

Rationale/Supporting Evidence:

Check all areas that apply:

☐ Academic Support

☐ Curriculum

☐ Distance Education

☐ Equipment

☐ Facilities

☐ Library Resources

☐ Professional Dev.

☐ Safety

☐ Scheduling

☐ Staffing

☐ Technology

☐ Other: _____

Action plan:

Responsible party/parties:

Timeline:

☐ Has associated cost: \$ _____

Priority: _____

Recommendation #3:

Rationale/Supporting Evidence:

Check all areas that apply:

☐ Academic Support

☐ Curriculum

☐ Distance Education

☐ Equipment

☐ Facilities

☐ Library Resources

☐ Professional Dev.

☐ Safety

☐ Scheduling

☐ Staffing

☐ Technology

☐ Other: _____

Action plan:

Responsible party/parties:

Timeline:

☐ Has associated cost: \$ _____

Priority: _____

Recommendation #4:**Rationale/Supporting Evidence:****Check all areas that apply:**☐ Academic Support☐ Curriculum☐ Distance Education☐ Equipment☐ Facilities☐ Library Resources☐ Professional Dev.☐ Safety☐ Scheduling☐ Staffing☐ Technology☐ Other: _____**Action plan:****Responsible party/parties:****Timeline:**☐ Has associated cost: \$ _____**Priority:** _____

Recommendation #5:

Rationale/Supporting Evidence:

Check all areas that apply:

☐ Academic Support

☐ Curriculum

☐ Distance Education

☐ Equipment

☐ Facilities

☐ Library Resources

☐ Professional Dev.

☐ Safety

☐ Scheduling

☐ Staffing

☐ Technology

☐ Other: _____

Action plan:

Responsible party/parties:

Timeline:

☐ Has associated cost: \$ _____

Priority: _____

Recommendation #6:

Rationale/Supporting Evidence:

Check all areas that apply:

☐ Academic Support

☐ Curriculum

☐ Distance Education

☐ Equipment

☐ Facilities

☐ Library Resources

☐ Professional Dev.

☐ Safety

☐ Scheduling

☐ Staffing

☐ Technology

☐ Other: _____

Action plan:

Responsible party/parties:

Timeline:

☐ Has associated cost: \$ _____

Priority: _____

Recommendation #7:**Rationale/Supporting Evidence:****Check all areas that apply:**☐ Academic Support☐ Curriculum☐ Distance Education☐ Equipment☐ Facilities☐ Library Resources☐ Professional Dev.☐ Safety☐ Scheduling☐ Staffing☐ Technology☐ Other: _____**Action plan:****Responsible party/parties:****Timeline:**☐ Has associated cost: \$ _____**Priority:** _____

Recommendation #8:

Rationale/Supporting Evidence:

Check all areas that apply:

☐ Academic Support

☐ Curriculum

☐ Distance Education

☐ Equipment

☐ Facilities

☐ Library Resources

☐ Professional Dev.

☐ Safety

☐ Scheduling

☐ Staffing

☐ Technology

☐ Other: _____

Action plan:

Responsible party/parties:

Timeline:

☐ Has associated cost: \$ _____

Priority: _____

Recommendation #9:

Rationale/Supporting Evidence:

Check all areas that apply:

☐ Academic Support

☐ Curriculum

☐ Distance Education

☐ Equipment

☐ Facilities

☐ Library Resources

☐ Professional Dev.

☐ Safety

☐ Scheduling

☐ Staffing

☐ Technology

☐ Other: _____

Action plan:

Responsible party/parties:

Timeline:

☐ Has associated cost: \$ _____

Priority: _____

Recommendation #10:**Rationale/Supporting Evidence:****Check all areas that apply:**☐ Academic Support☐ Curriculum☐ Distance Education☐ Equipment☐ Facilities☐ Library Resources☐ Professional Dev.☐ Safety☐ Scheduling☐ Staffing☐ Technology☐ Other: _____**Action plan:****Responsible party/parties:****Timeline:**☐ Has associated cost: \$ _____**Priority:** _____