

Program Review Checklist – Year 2

Use this checklist to ensure you have filled out every section of your upcoming Department Program Review. After each section is filled out completely, check the corresponding item's box on this sheet to keep track.

Program Review Narrative

- | | |
|---|--|
| <input type="checkbox"/> Report Completion Status | <input type="checkbox"/> Resource Management & Continuous Improvement - If your department has received funds, evaluate how they have been used and how they have helped promote student success/advancement of Program/Department |
| <input type="checkbox"/> Overview – This area contains | |
| <input type="checkbox"/> 4-year cycle goals/changes – if needed | |
| <input type="checkbox"/> 2 – program goals – if needed | |
| <input type="checkbox"/> Update on action plan for meeting goals | <input type="checkbox"/> Reflection & Extenuating Circumstances - Use this area to describe any extenuating circumstances or program that needs not addressed above that require the institution's consideration. |
| <input type="checkbox"/> Compliance - SLO and PLO summarized conclusions of how the department is using the data provided to improve instruction. | |

Don't forget
to hit **SAVE!**

Program Annual Planning Augmentation – Program Goals

- | | |
|--|---|
| <input type="checkbox"/> Program Goal Name (if new goal is needed) | <input type="checkbox"/> Status of Goal (if you select OTHER – you will need to explain the status of the goal) |
| <input type="checkbox"/> Program Goal Explanation | |
| <input type="checkbox"/> Resource Request Need | <input type="checkbox"/> Goal Prioritization |
| <input type="checkbox"/> Term of which program goal initially proposed | <input type="checkbox"/> Goal Applicable towards.... |

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Program Annual Planning Augmentation – Resource Requests – One-Time Funds

- | | |
|--|---|
| <input type="checkbox"/> Request Name | <input type="checkbox"/> Block 1 - Indicate which Block 1 areas your resource request is eligible for. <u>Documentation must be provided.</u> |
| <input type="checkbox"/> Resource Request Status (Date updated) | |
| <input type="checkbox"/> Request Year(s) | <input type="checkbox"/> Block 2 – Resource Request Necessity |
| <input type="checkbox"/> Resource Request Status (To-Date) | <input type="checkbox"/> Alignment to Key Priority Areas |
| <input type="checkbox"/> Request Item Description | <input type="checkbox"/> Alignment to EMP District Goals |
| <input type="checkbox"/> Total Cost Amount | <input type="checkbox"/> Diversity, Equity, and Inclusion Imperatives |
| <input type="checkbox"/> District Object Code | <input type="checkbox"/> Innovation |
| <input type="checkbox"/> Funding Source Type | <input type="checkbox"/> Final Comments |
| <input type="checkbox"/> Documentation (Quote/Purchase Order info, etc...) | |

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Program Annual Planning Augmentation – Resource Requests – Ongoing Funds

- | | |
|---|--|
| <input type="checkbox"/> Request Name | <input type="checkbox"/> Total Cost Amount |
| <input type="checkbox"/> Resource Request Status (Date updated) | <input type="checkbox"/> District Object Code |
| <input type="checkbox"/> Request Year(s) | <input type="checkbox"/> Funding Source Type |
| <input type="checkbox"/> Resource Request Status (To-Date) | <input type="checkbox"/> Request Item Description |
| <input type="checkbox"/> Request Type | <input type="checkbox"/> Documentation (Quote/Purchase Order info, etc...) |

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Program Annual Planning Augmentation – Faculty Hiring Requests

- ☐ Request Name
- ☐ Request Item
- ☐ Years Requested
- ☐ For which fiscal year you are requesting this hire
- ☐ Block 1: Considerations Addresses the need to replace a faculty member due to vacancy (e.g. retirement, attrition, etc.) and/or to prioritize faculty positions which were previously prioritized but did not result in a hire.
- ☐ Block 2: Considerations Reflects the quality and scope of the Program Review narrative in demonstrating a compelling need for faculty hire, the current status of the program in relation to its growth, and the consideration of program key performance indicators. In answering the prompts, please review the rubric as factors assessed can vary based on whether this is a request for an instructional or a non-instructional faculty position
- ☐ Block 3: Considerations This is for the ranking of programs based on their alignment with any/all campus initiatives and directions.
- ☐ Block 4: Considerations This is for the ranking of programs based on matters relating to extenuating factors raised by program requesting a faculty hire.

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Data Analysis (Optional in Year 2 and 3)

- ☐ Headcount
- ☐ Enrollment
- ☐ Courses
- ☐ Sections
- ☐ FTES
- ☐ Retention
- ☐ Success
- ☐ Equity
- ☐ Honors

Don't forget
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