

YEAR

Administrative, Service, and Support Area Department and Program Review

Name

[Executive Summary 3](#_Toc65768730)

[SECTION 1. Non-Instructional Department/Program Assessment 4](#_Toc65768731)

[Program/Department Purpose and Description 4](#_Toc65768732)

[External Compliance Factors Impacting Program/Department 4](#_Toc65768733)

[Progress on Initiative(s) 4](#_Toc65768734)

[SECTION 2. Department/Program Resource Effectiveness 5](#_Toc65768735)

[Workload and Staffing Assessment 5](#_Toc65768736)

[Professional Development Assessment 5](#_Toc65768737)

[Facilities, Supplies, Equipment Assessment 5](#_Toc65768738)

[Technology Assessment 5](#_Toc65768739)

[SECTION 3. Department/Program Planning 6](#_Toc65768740)

[Reflection and Overall Synthesis 6](#_Toc65768741)

[New Initiative(s) 6](#_Toc65768742)

[Planning Prioritization 7](#_Toc65768743)

## Executive Summary

* Key findings and summary sections 1-3
* Based on your review, highlight successes/achievements this past year
* Highlight lessons learned this past year
* Narrative on plans moving forward this next year
* List the individuals involved in crafting this program/department review document

## SECTION 1. Department/Program Assessment

### Program/Department Purpose and Description

State your department’s/ program’s current purpose statement. Be sure to include central functions or areas within your program(s)/ department(s) and highlight any changes.

**Trends and Outcomes Assessment**

Describe the department’s/ program’s trends and outcomes (e.g., data trends, survey results, SAOs/SLOs) that are appropriate for your program/department. Please include an assessment of equity and inclusion when applicable (e.g., Equity Audit) to tell your story. The data should include:

* Service and Operation Trends
* Survey (e.g., college or unit survey collections) Data (e.g., student, employee responses)
* SAOs/SLOs

### External Compliance Factors Impacting Program/Department

List compliance and/or any external influences (e.g., Federal/State legislation, external accreditation requirements, State budget assumptions) and describe how they impact(ed) your program.

### Response to Program and Department Review Committee Peer Review Feedback

|  |  |  |
| --- | --- | --- |
| **Recommendation(s)** | **Status** | **Progress Status Description** |
|  |  |  |
|  |  |  |

**Involvement in College Priorities**

Describe the extent by which your program/department is involved with college-wide priorities (e.g., Student Equity and Achievement, Coastline Pathways).

### Progress on Initiative(s)

|  |  |  |  |
| --- | --- | --- | --- |
| **Initiative(s)** | **Status** | **Progress Status Description** | **Outcome(s)** |
|  |  |  |  |
|  |  |  |  |

## SECTION 2. Department/Program Resource Effectiveness

## Workload and Staffing Assessment

In the past academic year, has your program/department had any significant changes in staffing (e.g., new hires, retirements) and workload? Discuss the extent to which your current staffing structure meets or does not meet your program or department’s needs. Include an organizational chart.

### Professional Development Assessment

Provide a description and associated outcomes related to the department’s/program’s target professional development participation over the past year. Discuss the current professional development/training need(s) of your department, and why this need(s) exists. If you have specific trainings you want to request, please include those details.

### Facilities, Supplies, Equipment Assessment

Discuss the current facilities/supplies/equipment in the department/program and the extent to which it meets or does not meet program/department operational and service needs. Provide specific recommendation(s) for facilities, supplies, or equipment to meet your operational needs or planning initiatives.

### Technology Assessment

Discuss the current technology (e.g., application, software, tech equipment) utilized in the department/program and the extent to which it meets or does not meet program/department operational and service needs. Provide specific recommendation(s) for modifying or updating technology to meet your operational needs or planning initiatives.

## SECTION 3. Department/Program Planning

### Reflection and Overall Synthesis

Considering your progress towards your initiatives over the last year, summarize the level of accomplishment and impact on your department/program. List the key points found the review. Include a strengths, weaknesses, opportunities, and threats (SWOT) analysis.

|  |
| --- |
| **Strengths:** |
| **Weaknesses:** |
| **Opportunities:** |
| **Threats:** |

### New Initiative(s)

Based on the findings list any new initiative

**Initiative:** Provide a short description of the initiative.

**Describe how the** **initiative supports the college mission:**

Provide an explanation of how the initiative supports the College mission.

**What college goal does the initiative support**?

[ ]  Reduce all student equity gaps regarding access and achievement (Equity)

[ ]  Increase student completion and achievement outcomes (Achievement)

[ ]  Strengthen College collaboration, communication, continuous learning, and community engagement (Engagement)

[ ]  Further develop, adopt, and adapt innovative practices and technologies that advance student success and institutional effectiveness (Innovation & Effectiveness)

**How does this initiative play a part in Coastline’s college-wide priorities (e.g., Student Equity and Achievement, Coastline Pathways)?**

**What evidence supports this initiative?** (Select all that apply)

[ ]  Learning or Service Area Outcome (SLO/SAO) assessment

[ ]  Internal Research (Operational performance, Student achievement)

[ ]  External Research (Academic literature, market assessment, audit findings, compliance mandates)

**Describe how the evidence supports this initiative.**

Provide a summary of how the evidence supports the initiative.

**Recommended resource(s) needed for initiative achievement:**

Specify what resource(s) are needed to support the completion of the initiative.

**What is the anticipated outcome of completing the initiative?**

Specify the anticipated result(s) of completing the initiative.

**Provide a timeline and timeframe from initiative inception to completion.**

Create a timeline and provide a timeframe that can be used to complete the initiative.

### Planning Prioritization

Please list and new or ongoing initiatives with associated resource requests

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Initiative** | **Resource(s)** | **Est. Cost** | **Funding Type** | **Health, Safety Compliance** | **Evidence** | **College Goal** | **Priority** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Please list and new or ongoing initiatives with associated employee requests

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Initiative** | **Resource(s)** | **Est. Cost** | **Funding Type** | **Health, Safety Compliance** | **Evidence** | **College Goal** | **Priority** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |