EVC Institutional Effectiveness Committee
Program Review Feedback and Evaluation Form

Program/Department Title: CNA/Nursing   **Date: 10/12/14**

Name of IEC Member (person completing this form): (Keith Aytch)

Summary Section

1. Brief summary of program

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

Solid historical overview

2. Program's definition of success and how it is measured

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

Comprehensive Data

3. Results of any success measures applied

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

Clear measureable outcomes and statistical analysis

4. Where would you like the program to be three years from now?

☐   **Exceptional**
X   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

Need to provide information on what strategies will be utilized to capture employment data

Part A: Overview of Program

1. & 2. Program's CTA's and their alignment with the college's goals

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

> Clear and concise alignment

3. & 4. State three recent accomplishments of the program (related to college's goals). State the goals and focus of the department/program and how they contribute to college mission/goals.

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

> Curriculum and student enrollment expansion was clearly articulated.

5, 6, 7, & 8. Data on student demographics, enrollment, productivity, and success rates. Should include analysis of any patterns or trends.

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

> Solid Data

9. Advisory Committee (if applicable)

☐   **Exceptional**
X   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

> Collaborate with CTE dean to develop an advisory group

Part B: Curriculum

1, 2, & 3. Identify all courses and explain their importance. State how program has remained current in the discipline. Have all courses been updated in last six years? If not, present a plan for completion.

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

Good data

4 & 5. Describe any innovative strategies or pedagogy. Discuss plans for future curricular modification.

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

Relevant and current analysis

6 & 7. Explain any articulation. Describe any outside accreditation or certification.

☐   **Exceptional**
X   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

Part C: Student Learning Outcomes

1. Course level SLOs.

☐   **Exceptional**
☐   **Adequate**
X   **Inadequate or Incomplete**

Comments:

Need to provide assessment results

2. Program level SLOs (for certificates or degrees).

☐   **Exceptional**
X   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

N/A

3. Describe all assessment mechanisms you are using to evaluate SLOs. Provide results of analysis.

☐ **Exceptional**
X **Adequate**
☐ **Inadequate or Incomplete**

Comments:

Appropriate mechanism: State exams and in class assessments

Part D: Faculty and Staff

1 & 2. List current faculty and staff members. List professional development activities they have completed in last six years.

X **Exceptional**
☐ **Adequate**
☐ **Inadequate or Incomplete**

Comments:

One full-time faculty--in the process of earning a doctoral degree

3 & 4. Identify current schedule for tenure review, regular faculty evaluation, adjunct faculty evaluation, and classified staff evaluation. Describe departmental orientation or mentoring process for new hires.

X **Exceptional**
☐ **Adequate**
☐ **Inadequate or Incomplete**

Comments:

Part E: Facilities, Equipment, Materials and Maintenance

1. Identify and discuss current facilities, equipment, materials, and maintenance. Identify and explain additional needs and rationale.

X **Exceptional**
☐ **Adequate**
☐ **Inadequate or Incomplete**

Comments:

Actively securing additional clinical spaces for program expansion

2. Describe use and currency of technology. Identify projected needs.

☐   **Exceptional**
X   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

3. Support that program receives from industry (if applicable).

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

The program has an academic partnership with a reputable facility.

Part F: Future Needs

1. Current budget: (A) Fund 10, (B) Fund 17, (C) Explain any grants or external funding sources

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

Additional part-time support

2. Outside funding sources for which program would be a good candidate. Any plans to apply.

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

Work the CTE dean to seek additional funding sources

3. Unmet needs and plans for addressing them. Any additional resources needed for this.

X   **Exceptional**
☐   **Adequate**

☐ **Inadequate or Incomplete**

Comments:

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4. Any needed faculty and staff positions over the next six years. Any needed facilities, equipment, or supplies over the next six years (above and beyond current budget).

☐ **Exceptional**
X **Adequate**
☐ **Inadequate or Incomplete**

Comments:

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Parts H, G, and I

Additional Information. Annual Reviews. Resource Allocation Table.

☐ **Exceptional**
X **Adequate**
☐ **Inadequate or Incomplete**

Comments:

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OVERALL SUMMARY: IEC Member's evaluation of this Program Review as a whole. Please include your checkbox rating as well as written comments.

X **Exceptional**
☐ **Adequate**
☐ **Inadequate or Incomplete**

Comments:

Overall, this is an exceptional review with strong data and analysis.

EVC Institutional Effectiveness Committee
Program Review Feedback and Evaluation Form

Program/Department Title: CNA/HHA   NURSING DEPT.   **Date:** 10/9/14

Name of IEC Member (person completing this form): Chris Ratto

Summary Section

1. Brief summary of program

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

> please define/spell out names when first used like CNA/HHA for those who may not know mea

2. Program's definition of success and how it is measured

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

> same as above for CDPH

3. Results of any success measures applied

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

>

4. Where would you like the program to be three years from now?

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

>

<u>**Part A: Overview of Program**</u>

1. & 2. Program's CTA's and their alignment with the college's goals

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

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3. & 4. State three recent accomplishments of the program (related to college's goals). State the goals and focus of the department/program and how they contribute to college mission/goals.

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

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5, 6, 7, & 8. Data on student demographics, enrollment, productivity, and success rates. Should include analysis of any patterns or trends.

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

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9. Advisory Committee (if applicable)

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

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<u>**Part B: Curriculum**</u>

1, 2, & 3. Identify all courses and explain their importance. State how program has remained current in the discipline. Have all courses been updated in last six years? If not, present a plan for completion.

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

4 & 5. Describe any innovative strategies or pedagogy. Discuss plans for future curricular modification.

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

6 & 7. Explain any articulation. Describe any outside accreditation or certification.

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

Part C: Student Learning Outcomes

1. Course level SLOs.

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

2. Program level SLOs (for certificates or degrees).

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

3. Describe all assessment mechanisms you are using to evaluate SLOs. Provide results of analysis.

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

Part D: Faculty and Staff

1 & 2. List current faculty and staff members. List professional development activities they have completed in last six years.

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

3 & 4. Identify current schedule for tenure review, regular faculty evaluation, adjunct faculty evaluation, and classified staff evaluation. Describe departmental orientation or mentoring process for new hires.

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

Part E: Facilities, Equipment, Materials and Maintenance

1. Identify and discuss current facilities, equipment, materials, and maintenance. Identify and explain additional needs and rationale.

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

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[                                                                    ]
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2. Describe use and currency of technology. Identify projected needs.

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

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[                                                                    ]
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3. Support that program receives from industry (if applicable).

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

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[                                                                    ]
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Part F: Future Needs

1. Current budget: (A) Fund 10, (B) Fund 17, (C) Explain any grants or external funding sources

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

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[                                                                    ]
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2. Outside funding sources for which program would be a good candidate. Any plans to apply.

X   **Exceptional**
☐   **Adequate**
☐   **Inadequate or Incomplete**

Comments:

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[                                                                    ]
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3. Unmet needs and plans for addressing them. Any additional resources needed for this.

X   **Exceptional**
☐   **Adequate**

☐ **Inadequate or Incomplete**

Comments:

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4. Any needed faculty and staff positions over the next six years. Any needed facilities, equipment, or supplies over the next six years (above and beyond current budget).

X **Exceptional**
☐ **Adequate**
☐ **Inadequate or Incomplete**

Comments:

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Parts H, G, and I

Additional Information. Annual Reviews. Resource Allocation Table.

X **Exceptional**
☐ **Adequate**
☐ **Inadequate or Incomplete**

Comments:

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OVERALL SUMMARY: IEC Member's evaluation of this Program Review as a whole. Please include your checkbox rating as well as written comments.

X **Exceptional**
☐ **Adequate**
☐ **Inadequate or Incomplete**

Comments:

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