|  |  |  |
| --- | --- | --- |
| **Criteria for Program Planning and Evaluation** | **Evaluation Comment / Rationalization Notes** | **Evaluation** |
| A. Extent to which the program advances the district/college mission: |  | high🞎medium🞎low🞎 |
| B. Extent to which the program addresses district/college strategic goals and objectives: |  | high🞎medium🞎low🞎 |
| C. Extent to which the program duplicates programs offered elsewhere in the district or service area and the extent to which it provides services that are unique to the service area. | unique 🞎 not unique 🞎 | does not duplicate🞎duplicates🞎not applicable🞎 |
| D. Analysis of the ratio of weekly student contact hours to full-time equivalent faculty (WSCH:FTEF “productivity”), factoring in fluctuations in program productivity caused by manipulations of enrollment caps.  |  | at or above 525 🞎below 525 🞎not applicable🞎 |
| E. Student demand |  | high demand🞎medium demand🞎low demand🞎 |
| F. For career/technical programs, evidence of employer demand for program completers, such as job placement, updating of skills, minutes of advisory committee meetings, etc. |  | yes🞎no🞎not applicable🞎 |
| G. Extent to which program addresses needs identified as part of environmental scanning, as appropriate to mission. |  | high🞎medium🞎low🞎 |
| H. Extent of course completion, number of degrees and certificates conferred and transfer rates. |  | # declared majors: \_\_\_# degrees issued this yr: \_\_\_# certificates this yr: \_\_\_% course completion: \_\_\_not applicable🞎 |
| I. Currency of program curriculum in relation to employer demand and transfer institution requirements |  | yes🞎no 🞎not applicable🞎last date of curriculum review: \_\_\_\_\_\_\_\_\_\_ |

**Recommended course of action:**

No action needed 🞎

Strengthen the program 🞎

Reduce the program 🞎

Review for discontinuance 🞎

Comments from the EVP/plans for improvement.

Program response/disagreement

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

EVP’s signature Date Faculty Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Dean Date Program Chair/Program Lead Date