

Program Plan Evaluation:**, 2012-2013 Program Plan**

Criteria for Program Planning and Evaluation	Evaluation Comment / Rationalization Notes	Evaluation
A. Extent to which the program advances the district/college mission:		high <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/>
B. Extent to which the program addresses district/college strategic goals and objectives:		high <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/>
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 <input type="checkbox"/> not unique <input type="checkbox"/>	does not duplicate <input type="checkbox"/> duplicates <input type="checkbox"/> not applicable <input type="checkbox"/>
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 <input type="checkbox"/> below 525 <input type="checkbox"/> not applicable <input type="checkbox"/>
E. Student demand		high demand <input type="checkbox"/> medium demand <input type="checkbox"/> low demand <input type="checkbox"/>
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 <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
G. Extent to which program addresses needs identified as part of environmental scanning, as appropriate to mission.		high <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/>
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 <input type="checkbox"/>
I. Currency of program curriculum in relation to employer demand and transfer institution requirements		yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/> last date of curriculum review: _____

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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

Executive Vice President

Date

Discipline/Program Faculty*

Date

*Program chair may sign if the chair is from the same discipline

Dean/Manager

Date

Program Chair/Program Lead

Date