

II. PROGRAM SUPPORT OF DISTRICT'S [MISSION STATEMENT](#), [INSTITUTIONAL GOALS](#), [INSTITUTIONAL OBJECTIVES](#), AND/OR [INSTITUTIONAL LEARNING OUTCOMES](#)

- A. Identify how your program addresses or helps to achieve the [District's Mission Statement](#).
- B. Identify how your program addresses or helps to achieve the [District's Institutional Goals and Objectives](#), and/or operational planning initiatives.
- C. Identify how your program helps students achieve [Institutional Learning Outcomes](#).

III. PROGRAM DATA ANALYSIS AND PROGRAM-SPECIFIC MEASUREMENTS

The data components are hyperlinked below.

[General Enrollment \(Insert Aggregated Data Chart\)](#)

Insert the data chart and explain observed differences between the program and the college.

[General Student Demand \(Fill Rate\) \(Insert Aggregated Data Chart\)](#)

Insert the data chart and explain observed differences between the program and the college.

[General Efficiency \(FTES/FTEF\) \(Insert Aggregated Data Chart\)](#)

Insert the data chart and explain observed differences between the program and the college.

[Student Success—Course Modality \(Insert Data Chart\)](#)

Insert the data chart and explain observed differences between the program and the college.

[Degrees and Certificates Awarded \(Insert Data Chart\)](#)

Insert the data chart and explain observed differences between the program and the college.

[General Student Success – Course Completion \(Insert Aggregated Data Chart\)](#)

Insert the data chart and explain observed differences between the program and the institutional set standards (as shown on the chart).

Review the [Disaggregated Student Success](#) charts; include any charts that you will reference.

Describe any departmental or pedagogical outcomes that have occurred as a result of programmatic discussion regarding the data presented.

- Other Relevant Program Data (optional)
Provide and comment on any other data that is relevant to your program such as state or national certification/licensure exam results, employment data, etc. If necessary, describe origin and/or data collection methods used.

IV. CURRICULUM REVIEW

- A. List all courses and degrees/certificates that have been created, modified, or deactivated (and approved by the Curriculum Committee) since the last CPPR. Complete the [Curriculum Review Template](#) and submit the form within your CPPR.
- B. Completing the template will provide evidence that the curriculum (including course delivery modalities) has been carefully reviewed during the past five years for currency in teaching practices, compliance with current policies, standards, regulations, and with advisory committee input. The form requires you to include evidence that the following entries on the course outline of record (CurricUNET format) are appropriate and complete:
- Course description
 - Student learning outcomes
 - Caps
 - New DE addendum is complete
 - MQDD is complete
 - Pre-requisites/co-requisites
 - Topics and scope
 - Course objectives
 - Alignment of topics and scopes, methods of evaluation, and assignments with objectives
 - Alignment of SLOs and objectives with approved requirement rubrics (General Education, Diversity, Health, Liberal Arts)
 - Textbooks
 - CSU/IGETC transfer and AA GE information
 - Degree and Certificate information

The template also includes a calendar of a five-year cycle during which all aspects of the course outline of record and program curriculum, including the list above, will be reviewed for currency, quality, and appropriate CurricUNET format.

V. PROGRAM OUTCOMES, ASSESSMENT AND IMPROVEMENTS

- A. Attach or insert the assessment calendar for your program for the next program review cycle.
- B. Have you completed all course assessments in eLumen? If no, explain why you were unable to do so during this program review cycle and what plan(s) exist for completing this in the next program review cycle.
- C. Include the most recent “PLO Summary Map by Course” from eLumen which shows the Course-level SLOs mapped to the Program-level SLOs.
- D. Highlight changes made at the course or program level that have resulted from SLO assessment.
- E. Identify and describe any budget or funding requests that are related to student learning outcome assessment results. If applicable, be sure to include requests in the [Resource Plan Worksheet](#).

VI. PROGRAM DEVELOPMENT

Indicate how the program supports efforts to achieve any of the following:

- A. Institutional Goals and Objectives
- B. Institutional Learning Outcomes
- C. Program outcomes

Indicate any anticipated changes in the following areas:

- A. Curriculum and scheduling
- B. Support services to promote success, persistence and retention
- C. Facilities needs
- D. Staffing needs/projections

Lastly, address any changes in strategy in response to the predicted budget and FTES target for the next program review cycle.

VII. END NOTES

If applicable, you may attach additional documents or information, such as awards, grants, letters, samples, lists of students working in the field, etc.

VIII. After completing and submitting this document, please complete the [Overall Program Strength and Ongoing Viability Assessment](#) with your Dean before May 15, 2018.

SIGNATURE PAGE

Faculty, Director(s), Manager(s), and/or Staff Associated with the Program

Instructional Programs: All full-time faculty in the program must sign this form. If needed, provide an extra signature line for each additional full-time faculty member in the program. If there is no full-time faculty associated with the program, then the part-time faculty in the program should sign. If applicable, please indicate lead faculty member for program after printing his/her name.

Student Services and Administrative Services Programs: All full-time director(s), managers, faculty and/or classified staff in the program must sign this form. (More signature lines may be added as needed.)

Division Chair/Director Name	Signature	Date
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Name	Signature	Date
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Name	Signature	Date
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Name	Signature	Date
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SUPPLEMENTAL DOCUMENTS

FACULTY HIRING PRIORITIZATION INFORMATION (IF APPLICABLE)

If your program requested a faculty position for consideration, please attach or embed the following worksheets that were presented to the College Council. The guidelines for faculty prioritization can be found here:

<https://cuestacollege.sharepoint.com/Committees/IPPR/Committee%20Documents?viewpath=%2FCommittees%2FIPPR%2FCommittee%20Documents&id=%2FCommittees%2FIPPR%2FCommittee%20Documents%2FPrioritization%20Process%20Handbook%20Sept%5F25%5F2018%2Epdf&parent=%2FCommittees%2FIPPR%2FCommittee%20Documents>

APPLICABLE SIGNATURES:

Vice President/Dean

Date

Division Chair/Director/Designee

Date

Other (when applicable)

Date

The above-signed individuals have read and discussed this review. The Director/Coordinator, Faculty, and staff in the program involved in the preparation of the CPPR acknowledge the receipt of a copy of the Vice President/Dean's narrative analysis. The signatures do not necessarily signify agreement.