

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 the District to achieve its Institutional Goals and Objectives, and/or operational planning initiatives.

III. PROGRAM DATA ANALYSIS AND PROGRAM-SPECIFIC MEASUREMENTS

This should be an update on the data analysis from the last CPPR.

Program data is available on the [SLOCCCD Institutional Research and Assessment website](#). Your program may need information about institutional enrollment trends, which can be found here.

- A. Data Summary – Relevant Comments and Analysis
 - May include program data that demonstrates the level and kind of effort or volume produced in the previous year.
 - May include other pertinent information.

- B. Give interpretations of Data and Identify Areas for Change to Facilitate Program Quality and Growth

IV. PROGRAM OUTCOMES, ASSESSMENT AND IMPROVEMENTS: NARRATIVE

- A. Summarize assessment results for program outcomes.

- B. Describe improvement efforts that have resulted from ASO assessment.

- C. Recommend additional improvements to the program based on assessment of outcomes and progress towards Institutional Goals and Objectives and/or Institutional Learning Outcomes.

- D. Recommend changes and updates to program funding based on assessment of program outcomes.
 - For elements that require funding, complete the [Resource Plan Worksheets](#).

V. ANTICIPATED SERVICE CHALLENGES/CHANGES

Suggested Elements:

- A. Regulatory changes
- B. Internal and external organizational changes
- C. Student demographic changes
- D. Community economic changes – workforce demands
- E. Role of technology for information, service delivery and data retrieval
- F. Distance Education impact on services
- G. Providing service to multiple off-campus sites
- H. Anticipated staffing changes/retirements

VI. PROGRAM DEVELOPMENT FORECAST

Suggested Elements:

- A. Description of forecasted program development and objectives, based on information collected in I-IV
- B. Plans for improvement
- C. Support for Institutional Goals and Objectives
- D. Student and program outcomes evaluation
- E. Recommendations from external agencies
- F. New service coordination and collaboration – internal and external programs
- G. Anticipated job description revisions based on program changes
- H. Staff training/professional development needs

VII. OVERALL BUDGET IMPLICATIONS

Will be reflected in District planning and budget process

Elements:

- A. Personnel
- B. Equipment/furniture (other than technology)
- C. Technology
- D. Facilities

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.

Division Chair/Director Name	Signature	Date
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Name	Signature	Date
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- **Program Data Analysis, Assessment and Improvements (Required for Student Services/Administrative Services):**

- **Program Outcomes, Assessments and Improvements (Required for Instruction/Student Services/Administrative Services):**

- **Anticipated Service Challenges/Changes (Required for Student Services/Administrative Services):**

- **Program Development Forecast (Required for Instruction/Student Services/Administrative Services):**

- **Overall Budget Implications (Required for Student Services/Administrative Services):**

- **End Notes/Additional Comments (Required for Instruction/Student Services/Administrative Services):**

C. Commendations/Considerations

Please provide a list of commendations and considerations based on the CPPR.

Commendations:

Comments in this area summarize how the program has demonstrated its effectiveness.

Considerations:

Comments in this area constitute advice to help the program meet or surpass expectations for effectiveness.

D. 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.