

**Program Review Goal and Outcome—2022-2023**

For descriptions and examples of all Program Review Goal and Outcome items, [please click 2022-23 APR](#)

How To Guide

**Section I: APR Goal Overview**

**IA. Program**

**IB. Program Contact (Your first and last name)**

**IC. Goal Short Title**

**ID. Goal Status:**

- Continuing from Last Year
- New This Year
- Fast Track

**IDI. Goal Type:**

- Funding Request - Above and beyond normal Division or Program resources
- Collaboration – Will impact other Divisions/Programs
- Substantive – Requires a large amount of effort or resources

**IE. Strategic Action Plan Measure (s) Addressed**

<u>LEADING INDICATORS</u>	<u>LAGGING INDICATORS</u>
1. Transferable Course Success Rates	1. Degrees Awarded
2. Fall to Spring Persistence Rates (Excluding WESTEC)	2. Certificates Awarded
3. New Students Successfully Completing Transfer Level Math and English in First Year	3. Transfers
4. Students Enrolling in 15+ Credits Per Semester	4. Average Number of Units Accumulated for Associate’s Degree Completers
5. Financial Aid Recipients	5. Job Placement Rate (Exiting CTE students who report being employed in their field of study)
6. Students who earned 9 or more CTE Units	6. Institutional Learning Outcomes Proficiency Rate
7. Students Engaged in Student Life/Co-Curricular Activities	7. Equity Gaps for underrepresented groups for the above measures 1 - 6
8. Student Satisfaction	
9. FTES (Full-Time Equivalent Students)	
10. Accreditation Standards	
11. Implement innovative hiring and outreach practices focused on diversity	
12. Foundation Donors	
13. Facilities Master Plan	
14, Maintenance, Custodial, and Grounds Quality	
15. Federal, State, Grant, and BOT Policy Compliance	
16. Fund Balance	
17. Technology Master Plan	

**Section II: Goal Measures, Anticipated Outcomes, and Activities****IIA. Goal Measure**

Indicate the type of outcome measure you will use to measure this 2022-2023 annual program review goal:

- |  |  |
|--|--|
| <input type="checkbox"/> Course Student Learning Outcome (SLO)         | <input type="checkbox"/> Student Achievement Outcome (SAO)                     |
| <input type="checkbox"/> Program Student Learning Outcome (PSLO)       | <input type="checkbox"/> Program Effectiveness Measures (PEM)                  |
| <input type="checkbox"/> Institutional Student Learning Outcome (ISLO) | <input type="checkbox"/> Other outcome measure type (Describe in IVE Comments) |

**IIB. Goal Anticipated Outcome** (Rubric Criteria 1, 2, 4, 5)

Please briefly describe what outcome you expect to achieve with this particular goal in terms of its impact on student learning, student success, student achievement or the “Goal Measure” you indicated in IIA. Be sure to include a description of the evidence used to support your assertion, and the “benchmark” value of the goal outcome.

**IIC. Goal Activities** (Rubric Criterion 5)

Please briefly describe the activities you intend to implement to achieve this particular goal.  
Include a timeline of the activities and assessment/evaluation of outcomes.

**Section III: Goal and Resource Request**

**IIIA. Required Resources Category:**

Please indicate the types of resources required to implement the activities for this APR goal.

- |   |   |
|---|---|
| <input type="checkbox"/> Personnel: New Faculty Position    | <input type="checkbox"/> Professional Development         |
| <input type="checkbox"/> Personnel: New Classified Position | <input type="checkbox"/> Facilities                       |
| <input type="checkbox"/> Personnel: Other                   | <input type="checkbox"/> Equipment or Supplies            |
| <input type="checkbox"/> Technology                         | <input type="checkbox"/> Other (Describe in IVE Comments) |

**IIIB. Required Resources Description**

Please describe any resources you will need to implement the activities associated with this goal. Requested resources should follow from the narrative in IIC above.

**IIIC. One Time Start Up Costs:**

**IIID. Annual Costs:**

**IIIE. Total 5 Year Costs:**

**IIIF. Proposed Funding Source(s):**

**Section IV: Goal Additional Information**

**IVA. Desired Start Date:**

**IVB. Expected Completion Date:**

**IVC. Is Project Ongoing with No Expected Completion Date?**

- Yes
- No

**IVD. Will Other Divisions or College Areas be Impacted?**

- Yes
- No

**If Yes, then Describe how Other Divisions or College Areas Would be Impacted:**

**IVE. Comments:**

**IVF. Prioritization by Program Contact – Example: 1 of 4 or 2 of 4 (Please do not write a text description).**