

# Annual Program Review

**Program Name:** Click or tap here to enter text.  
**Program Review Author:** Click or tap here to enter text.

I. **PROGRAM DESCRIPTION:** In one or two paragraphs, provide a description of the primary goals of your program or service area. Attach an appendix to describe your program or service area in more detail, if needed.

*Note: If no changes have occurred, copy and paste from your last review. If it exists, feel free to copy the brief description of your program from the college catalog: <http://www.smc.edu/CollegeCatalog/Pages/default.aspx>*

II. **PARTNERSHIPS:**  
**CTE Programs only:**

**Part 1: Industry advisory meeting dates and attendance for 2020-2021.**

Date of Meeting	# of SMC Attendees	# of Non-SMC Attendees
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.

**Part 2: Employer partnerships/collaborations for 2020-2021. Identify the most salient partnerships or collaborations.**

Employer Name	Type of partnership or collaboration	Optional: Additional information about partnership or collaboration
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
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**III. PROGRESS SINCE LAST REVIEW (LAST YEAR'S OBJECTIVES)**

Identify the original objectives from your last review, as well as new objectives that have emerged since then (if applicable). For each objective, determine status and explanation for status.

Objective	Status	Status Explanation
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.

**IV. ACHIEVEMENTS**

**(Optional)** List any notable achievements your program accomplished in the last year.

**V. ASSESSMENT AND EVALUATION**

**Part 1: Outcomes and Evaluation Research**

A. Reflect on the outcome assessment (PLO, SLO, UO) data that your program reviewed in the 2020-2021 year that have yielded **notable** or **actionable** findings.

*Notes: It is not required to name every outcome assessed in your program.*

What outcome were you assessing? (Outcome statement)	How was the outcome assessed?	What were the results of the assessments?	Describe any changes that are planned or in progress to address the result.
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B. Reflect on other effectiveness data you collected and analyzed for the program in 2020-2021.

**ia. (Instructional Depts Only) Course Success and Retention**

After reviewing the course success and retention rates for your program, describe how these rates reflect the overall effectiveness of the program, and discuss any planned changes or actions your program plans to take to address the results (if applicable).

**ib. (Instructional Depts Only) Racial Equity Gaps for Course Success**

After reviewing the course success rates by ethnicity/races and other demographic variables, identify any equity gaps, and discuss any planned changes or actions your program plans to take to address the gaps (if applicable).

**ii. (Instructional Depts Only) Degrees and Certificates**

After reviewing the number of degrees and certificates awarded by your program, describe how the data reflect the overall effectiveness of your program, and discuss any planned changes or actions you program plans to take to address the results (if applicable).

**iii. Additional Data Demonstrating Effectiveness (If applicable)**

If available, describe the results of other data indicating the effectiveness of the program and discuss any planned changes or actions your program plans to take to address the results.

*Examples of other data include: surveys, document reviews, observations, performance indicators, focus groups and interviews, advisory committee minutes, labor market data, license exam pass rates*

**Part 2: Analyses of the Results**

*This question is designed to bridge the results of your evaluation and outcomes assessment with next year’s objectives (Part VI).*

In one or two paragraphs, describe what you have learned about your program from the evaluation/assessment results and how this knowledge will inform your plans for next year.

**VI. NEXT YEAR’S OBJECTIVES**

Itemize any specific strategies or projects you plan to accomplish in the next year to improve the effectiveness of your program. *Limit 3 objectives.*

Objective	Rationale for Setting Objective <i>Link to data, if applicable</i>
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Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

**VII. CURRENT PLANNING AND RESOURCE NEEDS**

**Part 1: Narrative**

Broadly discuss issues or needs impacting program effectiveness for which institutional support or resources will be needed for the next academic/fiscal year.

**Part 2: List of Resources Needed**

Itemize the specific resources you will need to improve the effectiveness of your program, including resources and support you will need to accomplish your objectives for next year.

*While this information will be reviewed and considered in institutional planning, the information does not supplant the need to request support or resources through established channels and processes.*

Resource Category	Resource Description/Item	Rationale for Resource Need (Including Link to Objective)
<b>Human Resources</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Facilities</b> ( <i>info inputted here will be given to DPAC Facilitates Comm.</i> )	Click or tap here to enter text.	Click or tap here to enter text.
<b>Equipment, Technology, Supplies</b> ( <i>tech inputted here will be given to Technology Planning Committee</i> )	Click or tap here to enter text.	Click or tap here to enter text.
<b>Professional Development</b>	Click or tap here to enter text.	Click or tap here to enter text.

**VIII. CHALLENGES FACED:**

**(Optional)** List significant challenges your program faced in the past year.

***The following section will be completed by your program's area VP***

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Check this box to indicate that you have reviewed the program's annual review

Provide any feedback and comments for the program here: