**College of San Mateo**

Program Review Progress Report

2018-19

Program Name:

Program Contact:

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| **Program Review Section** | **Institutional Expectations** | |
| **Summary of What Has Been Completed to Date** | **Schedule for Completing Remaining Work** |
| **Program Description & Mission Statement** |  |  |
| **Results of Previous Program Review**   * **Results of previous plan** * **Changes in Program** * **Student Success/Equity** * **Update on long term plans** |  |  |
| **Assessment &**  **Program Analysis and Trends**   * **Data Review** * **Identify and address opportunity gaps** * **Program efficiency** * **SLOs/SAOs reflect full cycle of assessment** |  |  |
| **Planning & Goal Setting**   * **Actions, outcomes and timelines of goals** * **Student success and equity** * **Professional development** |  |  |
| **Staffing** |  |  |
| **Resource Request**   * **Equipment &Technology** * **Facilities** * **Other** |  |  |

**Note: To be completed and returned to Division Dean by April 30, 2019**