DRAFT 3-19-15

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**COMPREHENSIVE PROGRAM REVIEW GUIDELINES:**

**ADMINISTRATIVE SERVICES**

**I. UNIT DESCRIPTION**

**1.1 What are the services offered and functions performed?**

*Provide description of services. Identify or outline how unit serves CSM’s Mission, Institutional Priorities: 2008-2011 and/or Educational Master Plan, 2008*

**1.2 Who are the recipients of the services performed?**

*Provide general description of the populations the unit serves (e.g. faculty, staff, students, administrators, members of the community etc.). Use quantitative data where available and also include data about how many and the types of contacts with the community, if applicable. Specify the time frame for the reporting (annual, monthly, etc.).*

**II. EVIDENCE OF UNIT’S EFFECTIVENESS**

**2.1 Administrative Unit Strengths**

*Briefly describe unit’s greatest strengths. Provide evidence from recipients of services or other sources that demonstrate success. What strategies has the unit used to improve delivery of services (e.g. technology and online options)?*

**2.2 Improvement Areas**

*List plans for improvement, citing data where applicable. How does the unit works to correct problems and improve its services? If applicable, what areas have been addressed for staff development?*

**III. VARIABLES AFFECTING UNIT**

**3.1 Operational Mandates**

*If applicable, identify applicable mandates that affect the unit’s operations, such as Title V or Education Code requirements; include mandated requirements at the State, federal, District (e.g. Board policy), or College level.*

**3.2 Accreditation Concerns**

*If applicable, discuss how unit addresses accreditation mandates or concerns (e.g. issues expressed by ACCJC or issues, activities, or functions reported in Self Study, Follow-Up Reports, Midterm Report, etc.)*

**3.3 Resources Evaluation**

*a. Are current facilities adequate to support the unit? Explain.*

*b. Is available equipment adequate to support the unit? Explain*

*c. Are the financial resources adequate to support the unit? Explain*

*d. Are the staff resources adequate to support the unit? If applicable, describe any opportunities for professional development for unit staff.*

**IV. GOALS, ACTION STEPS, AND OUTCOMES**

**4.1 What are the Goals, Objectives, and Action Steps for the unit?**

*a. Identify unit’s annual goals, objectives and action steps. Goals should be linked to Institutional Priorities: 2008-2001 and/or Educational Master Plan, 2008.*

*b. What are the expected measurable outcomes? If applicable, describe what performance indicators from the College Index, 2009-2010 or from the Comprehensive Listing of Indicators and Measures, 2009-2010 will be affected by the goals.*

*c. Describe progress in achieving the unit’s goals and objectives. Are there external and internal factors that affect the unit’s ability to meet its goals?*

*d. If applicable, describe specific, documented accomplishments that support and facilitate the achievement and assessment of student learning outcomes, including measures employed to evaluate program effectiveness in achieving such outcomes.*

**4.2 Results of Pervious Program Reviews**

*What progress has the unit made toward achieving the goals of the last review or addressing programs and concerns? (This is applicable beginning for 2011/2012 Program Review cycle.)*

**V. SUMMARY OF RESOURCES NEEDED TO REACH GOALS**

**5. 1 Describe Resources Requested**

*Discuss the resources needed to proposed goals and action steps and describe the expected outcomes for program improvement. Specifically, describe the potential outcomes of receiving these resources and the programmatic impact if the requested resources cannot be granted. (Resources include personnel, supplies, equipment, facilities, staff development, institutional research support etc.)*

*In the matrices below, itemize the resources and briefly describe the expected outcomes.*

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| --- | --- | --- |
| **Positions Requested** | **Expected Outcomes if Granted**  | **Expected Impact if Not Granted** |
| Input text here. | Input text here. | Input text here. |

***For Non-personnel Requests:***

|  |  |  |
| --- | --- | --- |
| **Resources Requested** | **Expected Outcomes if Granted**  | **Expected Impact if Not Granted** |
| **Item:** Input text here.**Number:** Input text here.**Vendor:** Input text here.**Unit price:** Input text here.**Total Cost:** Input text here.**Status\*:** Input text here. | Input text here. | Input text here. |

**VI. PROGRAM REVIEW PARTICIPANTS AND SIGNATURES**

**Date of Program Review evaluation:**

**Please list the department’s *Program Review and Planning* report team:**

Primary program contact person:

Phone and email address:

Administrators:

Faculty:

Classified staff:

Students:

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| *Primary Program Contact Person’s Signature* | *Date* |
|  |  |
| *Other Participant’s Signature* | *Date* |
|  |  |
| *Other Participant’s Signature* | *Date* |
|  |  |
|  *Other Participant’s Signature* | *Date* |
|  |  |
| *Other Participant’s Signature* | *Date* |
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