
Crafton Hills College Integrated Planning & Program Review Handbook

Sixteenth Edition

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Planning and Program Review Committee (PPRC)



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Introduction

The purpose of the Integrated Planning & Program Review Handbook is to:

- Describe the purposes, scope, and structure of the integrated planning and program review process.
- Suggest thoughtful preparations for the process.
- Provide instructions for preparing and submitting the program review and two-year planning forms.
- Explain the evaluation processes for both program review and two-year planning.
- Describe the institutional priorities process that relies on the program review and two-year planning documents.
- Describe the evaluation of the integrated planning and program review process itself.

The Handbook is reviewed and revised annually by the Planning and Program Review Committee, in response to users' requests for clarification and enhancement.

For definitions of terms used in this Handbook, please refer to the Glossary.

This Handbook, the planning and program review schedule, and the forms, references, and rubrics used in the process, may be downloaded from the following Planning and Program Review Web Site:

<http://www.craftonhills.edu/about-chc/research-and-planning/planning-and-program-review/index.php>

Integrated Planning and Program Review Purposes, Scope, and Structure

Purposes

The fundamental purpose of ongoing, integrated planning and program review is to improve the effectiveness of every College program and service, and of the institution as a whole, based on the results of regular, systematic assessment. **Equally important, the purpose of program review is to also improve the outcomes of Crafton's diverse student population to remove all disproportionate impact.** The ultimate beneficiaries of integrated planning and program review are our students and the community we serve.

A secondary purpose of the process is to focus available resources—staff time, budget, technology, space—on the achievement of goals and objectives intended to maintain or improve effectiveness. Achieving some objectives requires resources over and above what is available, which means that a resource request is necessary. But achieving others requires no extra resources—only the reallocation of existing ones.

Scope

The planning and program review process applies to every unit in the College. That includes all units in Instruction, Student Services, Administrative Services, and the President's Area.

Structure

The Planning and Program Review (PPR) Committee coordinates the planning and program review process from start to finish every year. The PPR Committee:

- Provides documentation and training on the process.
- Establishes the schedule.
- Reviews submitted documents and provide structured feedback on them.
- Reports to the College President on the health or effectiveness of all units that complete program review; notes any that are exemplary as well as any that are in distress and require assistance from senior management to improve.
- Makes recommendations to the College President on College-wide resource priorities.
- Evaluates annually the forms and rubrics used in the process, all documentation (including this Handbook), and implementation of the process itself, and makes recommendations for continual improvement.

The Committee is chaired by the Dean of Institutional Effectiveness, Research, and Planning. Its membership includes representatives of faculty, classified staff, management, and students. The Office of Institutional Effectiveness, Research and Planning maintains the Committee archives.

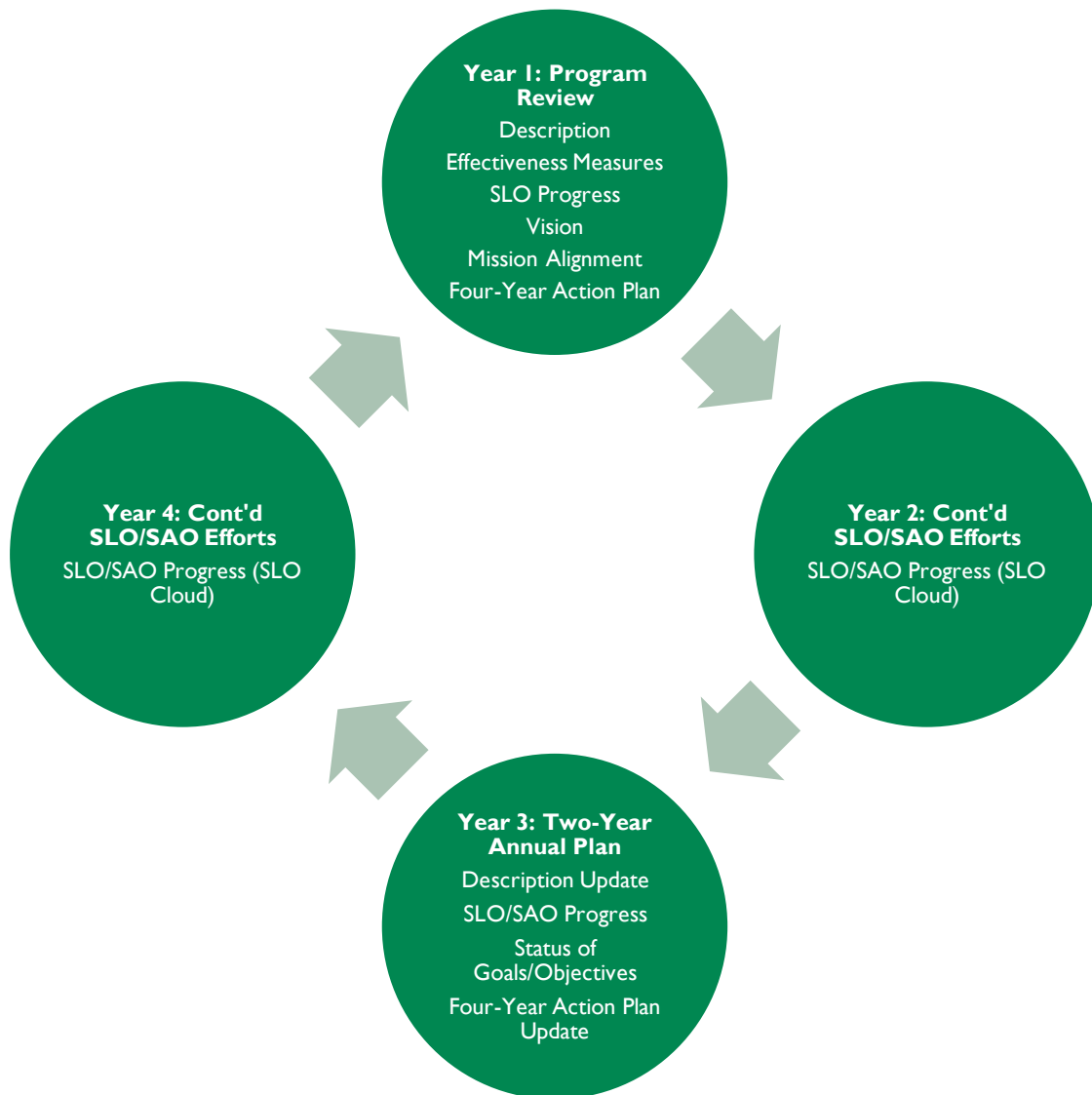
Central to the whole process, are the units themselves, who devote much time and energy to evaluating their own performance, identifying needed improvements, setting goals and objectives accordingly, and implementing those improvements in a continuous cycle.

The unit leader is charged with ensuring that the unit's integrated planning or program review process is completed properly and in timely fashion.

- For most programs within Instruction, faculty chairs, coordinators, directors, and deans, as applicable, are the unit leaders.
- For an instructional program with no full-time faculty, the unit leader is the applicable dean or designee in collaboration with a part-time faculty member who will receive compensation.
- For interdisciplinary studies, the unit leaders are the deans and faculty chairs collaboratively. (As courses are added, the appropriate deans and faculty chairs are included in the process.)
- For each program within Student Services, the unit leader is the dean or director.
- For each program within Administrative Services, the unit leader is the supervisor (working collaboratively with leads to the extent feasible).
- For those units reporting directly to the President, the unit leaders are the directors.
- If the normal unit leader for a given program is not available, then the unit leader's responsibility becomes that of the normal unit leader's supervisor. For example, if a directorship is vacant, then the unit leader is the dean or Vice President to whom that director reports.

Overview of the Integrated Planning and Program Review Cycle

The planning and program review process is a four-year cycle, as shown in the diagram below:



Each unit will perform a full program review every fourth year. The less detailed two-year planning process serves to update the program review. This is coupled with a requirement to continue assessing and reporting SLO/SAO efforts using the SLO Cloud in the years that follow the full program review and the two-year plans. Every unit prepares a *Four-Year Action Plan*—with goals, objectives, actions, and (where appropriate) resource requests—every year.

Each unit implements any necessary improvements that it has identified, assesses its progress, and the cycle continues. See the *Completing the Forms* section below for detailed information on all the contents of the documents prepared for both program review and two-year planning.

Participation in Integrated Planning and Program Review

Broad participation in integrated planning and program review, as with any shared-governance activity, is an important contributor to the effectiveness of the process. The unit leader should invite all members of the unit, including managers and full- and part-time faculty and staff, to participate in the preparation and/or review of each program review and planning document.

In addition, at least one representative of each primary clientele of the unit should be invited to participate in the preparation and/or review of each program review and planning document. Programs offering instruction or services to students should always invite at least one student to serve as a participant or reviewer. Programs offering services to faculty, managers, and/or classified staff (e.g., Admissions and Records, Bookstore) should always invite at least one of these clients to serve as a participant or reviewer. Additional participants (e.g., community members, business representatives) may be added as appropriate at the unit's discretion.

PPR Coaches

A PPR Coach is assigned to every program unit scheduled to submit a four-year plan. Coaches are highly experienced with the planning and program review process and are either current members of the Planning and Program Review (PPR) committee and/or members of the Office of Institutional Effectiveness, Research & Planning. The role of coaches is multi-faceted: (a) They offer program writers with the support and resources needed for the development of a comprehensive plan at every step of the process, and (b) they serve as liaisons and advocates for program units during the entire review process. In this way, a coach may help program writers connect their outcomes assessment work to their program unit's goals and objectives, communicate preliminary feedback from the PPR committee back to the program writer for potential revisions, and also help the PPR committee identify the extent to which a given program plan meets the established rubric criteria set forth by the committee (see *Completing the Forms* on pg. 15).

General Suggestions for a Successful Process

1. Start early and set aside ample time to discuss the issues related to planning and program review, and to draft, review, and revise your answers to the questions. The difference between an outstanding program review or plan and a poorly written one often boils down to the amount of time devoted to the process. On the other hand, it is counterproductive to spend excessive time on the process. Try to strike a reasonable balance.
2. **Refer to the rubric prior to starting the program review, when responding to the questions.**
3. Length of Responses
 - a. Please answer all questions thoughtfully, fully, and accurately, but **be as concise as you can.**
 - b. Responses to the two-year planning questions should be considerably shorter overall.
4. Use the resources available
 - a. “Exemplary” program document examples posted on the OIERP website.
 - b. Committee scheduled open-lab workshops
 - c. The Office of Institutional Effectiveness, Research and Planning scheduled trainings
 - d. If you are stuck at any point in the process, contact a Planning and Program Review Committee member and ask for help. Each unit scheduled to complete a program review document will be assigned a committee contact (i.e., PPR Coach) at the beginning of the fall semester who will be available to answer your questions. See the committee website for contact information
<http://www.craftonhills.edu/faculty-and-staff/committees/planning-and-program-review/index.php>
5. Please define any acronyms you use in your documents, so the committee can understand your meaning.

Preparing for the Process

Properly done, planning and program review require thoughtful, thorough consideration of all aspects of your program. Beginning several months before the program review or two-year planning deadline and ideally on a continuing basis, your unit should engage in a series of discussions related to the questions you will be answering (which are shown in the applicable *Completing the Forms* section below). Some ideas on the topics that those preparatory discussions might involve:

All College Areas

Discussion	
Categories	Specific Topics
SLO/SAO Cycle and Results	▪ Current progress in the cycle ▪ Observations, interpretations, and lessons from the assessment ▪ Areas that are going well based on assessment ▪ Areas that are not going well based on assessment ▪ Plan for improvement that is incorporated into Q10 as an objective: Maintaining strengths and mitigating problem areas ▪ Plan for subsequent reassessment
Improving Diversity, Equity, and Inclusion Outcomes	▪ Strategies to specifically improve diversity, equity, and inclusion outcomes that are included in the Question 10 objectives
Representativeness of Population Served	▪ Demographics of population served compared to College-wide and service area ▪ Participation in outreach and/or marketing activities to reach targeted students, businesses, community members, etc. ▪ Unit plans to improve representativeness with outreach and/or marketing activities
Partnerships	▪ Both internal and external partnerships—with whom do you work inside the College and/or with whom do you work outside the College? ▪ How these partnerships contribute, or fail to contribute, to effectiveness and success ▪ New partnerships that need to be developed
Best Practices	▪ Examples of best practices in the unit and how those are contributing to effectiveness and student success ▪ Customer service status and improvements
Efficiency in Operations	▪ Examples of streamlining processes to reduce time spent or resources used ▪ Reducing duplication of effort ▪ Cross-training to minimize disruption of service due to absences or departures

Discussion	
Categories	Specific Topics
Efficiency in Resource Use	▪ How existing resources are being used more efficiently (e.g., supplies going further by changes in operations) ▪ The impact of fewer resources and how that is being addressed
Staffing	▪ Impact of professional development on staff competencies/talents ▪ Distribution of workload ▪ Trends and patterns in full-time/part-time faculty ratio, WSCH per FTEF, fill rate
Shared Governance	▪ Extent to which unit members participate in shared-governance activities and committees ▪ Satisfaction with participation in planning and decision-making
Group Dynamics	▪ Examples of teamwork, communication, decision-making, etc., that are contributing to effectiveness and success ▪ Examples of dysfunction that are negatively affecting results, morale, etc.
Innovation	▪ Processes, practices, and/or products that have been introduced in the unit since the last program review to improve functions or services
Compliance with Mandates	▪ Nature and extent of mandates that apply to the unit (laws, regulations, policies, standards, and other requirements) ▪ Trends or variations in the number or complexity of mandates
External Factors	▪ Budgetary and other constraints and opportunities ▪ Impact of economic swings, the job market, competition from other programs ▪ Developments in the field

By College Area

Discussion Categories	Specific Topics: Instruction	Specific Topics: Student Services	Specific Topics: Administrative Services and President's Area
Student Performance and the College Experience	▪ Student retention, success, persistence, licensure pass rates, employment rates, performance after transfer, awards, disproportionate impact etc. ▪ How and why these measures reflect on the unit's effectiveness in positive or negative ways	▪ Student retention, success, program completion, persistence, employment rates, special awards, disproportionate impact, etc. ▪ How and why these measures reflect on the unit's effectiveness in positive or negative ways	▪ Timely availability of textbooks ▪ Access to food services ▪ Student opinions of classroom condition, campus safety, etc.
Curriculum	▪ Decisions made about curriculum and rationale for those decisions ▪ New courses or programs and why they were added ▪ Courses or programs that were deleted and why ▪ Status of courses due for revision ▪ Involvement in Learning Communities and other alternative learning strategies, with possible implications	▪ Decisions made about curriculum and rationale for those decisions ▪ New programs or courses and why they were added ▪ Programs or courses that were deleted and why ▪ Involvement in Learning Communities and other alternative learning strategies, with possible implications ▪ Relationship to other departments	▪ Facilities modifications to accommodate curricular and pedagogical changes ▪ Number and nature of service failures (e.g., network connectivity, electrical outages) that require cancellation of classes

Discussion Categories	Specific Topics: Instruction	Specific Topics: Student Services	Specific Topics: Administrative Services and President's Area
	▪ Relationship to other courses and programs ▪ Student preparation, remediation, placement	▪ Involvement in placement, remediation	
Scheduling	▪ The unit's scheduling matrix—plans for course offerings over a four-year period with appropriate rationale ▪ Any cancelled courses, along with reasons and solutions for future offerings ▪ Trends in evening, weekend offerings ▪ Trends in online offerings	▪ Trends in evening, weekend services ▪ Trends in online services	▪ Coordination of services to avoid unnecessary conflicts ▪ Scheduling use of study rooms, conference rooms, and other facilities
Alternative Modes of Delivery	▪ Student performance results in courses offered online or as hybrids, compared to traditional modes of delivery ▪ Plans for future alternative course modes	▪ Outcomes of and student satisfaction with alternative service modes ▪ Plans for future alternative service modes	▪ Client satisfaction with newly streamlined or automated processes ▪ Plans for automation of manual processes

Access to and Interpretation of Supporting Evidence

The Office of Institutional Effectiveness, Research and Planning (OIERP) provides every instructional unit with a *Planning and Program Review Data* report containing information on student demographics and several effectiveness measures (see *Completing the Forms* section). In addition, the OIERP provides training opportunities for faculty and staff on how to evaluate and use that data.

The OIERP can also help you develop your own data collection tools, or to interpret data you may already have in hand. For example, it is often useful to get direct input from your students, your alumni, community businesses that employ your students, or other clients regarding your program. A short survey or a focus group might be an appropriate method for gathering information on your clients' own perceptions. Please consult with the OIERP early in the process for assistance in deciding whether such a project is feasible, or to discuss other needs or requests for evidence in the planning and program review process.

Examples of High-Quality Documents

Before you begin preparing your program review or two-year planning documents in earnest, review exemplary submissions from prior cycles posted on the Office of Institutional Effectiveness, Research and Planning [website](#).

Completing the Forms

Program Review

Instructional Questions

Note: Be sure to enter all the information requested at the top of the Program Review form:

- Plan Name:
- Prepared by:

1. **Mission:**

- a. *Tell us your unit's mission: Provide a mission statement for your unit that clearly and succinctly describes your unit's purpose, idealistic motivations, and change it hopes to inspire.*
- b. *Alignment with the college Mission: **Rubric Item** ([Mission Alignment](#)): The Crafton Hills College mission is to change lives. We seek to inspire our students, support our colleagues, and embrace our community through a learning environment that is transformational. Crafton Hills College welcomes everyone and is committed to working with students from diverse backgrounds. The College has an exceptional learning environment built on a tradition of excellence, a talented faculty, a driven student body, a committed staff, with passionate leadership and community support. **In what ways does your program advance the mission of the college?***

2. **Description of Program:**

- a. *Organizational Structure and Staffing*
- b. *Describe any activities in addition to instruction that you provide.*
- c. *Describe any alternative modes of instruction and schedules of delivery: e.g.: online, hybrid, early morning, evening services.*
- d. **Rubric Item:** *Describe how your curriculum is up-to-date, addresses equity and inclusion and is demonstrably [Needs-Based](#). Base the description on the COR, that the COR is up-to-date, surveys, labor market data, transfer patterns such as GE, IGETC, CSU, AA-T, or AS-T, accreditation standards, and/or articulation agreements. Consider the results of your most recent curriculum reviews in this section.*
- e. **Rubric Item:** *Attach your [scheduling matrix](#) to show when courses in your area are offered. [Click here for sample!](#)*

3. **External Factors with Significant Impact:** What external factors have a significant impact on your program? Please include the following as appropriate:

- a. Budgetary constraints or opportunities
- b. Competition from other institutions
- c. Requirements of four-year institutions
- d. Requirements imposed by regulations, policies, standards, and other mandates
- e. Job market
 - i) Requirements of prospective employers
 - ii) Developments in the field (both current and future)

4. Progress on Outcomes Assessment (**Four-Year Question**)

Refer to the [SLO Cloud](#) and the [SLO Cloud Dashboard \(LINK\)](#) to evaluate the results from your program level outcomes and to develop actions reflected in your program review action plan (i.e. Question 10). **Rubric Item:** [Program Learning Outcomes](#)

- a. Please summarize **Program Level Outcomes (PLO) assessment results**. Include a discussion of whether or not disproportionate impact ~~(if the data is available)~~ has been identified. Also, ensure that the PLOs are in the catalog, and discuss whether the program met its target for each PLO.
- b. Please describe any program/course and/or instructional improvements you plan to make as a result of the PLO assessment(s), specifically focusing on removing any identified disproportionate impact (if the data is available).
- c. What objective(s) or action step(s) will you add to Question 10 as a result of the PLO assessment(s) and to address any identified disproportionate impact (if the data is available)? If none, please explain.

4. Progress on Outcomes Assessment (**Two-Year Question**)

Refer to the [SLO Cloud](#) and the [SLO Cloud Dashboard \(LINK\)](#) to evaluate the results from your course level Student Learning Outcomes (SLOs) and to develop actions reflected in your program review action plan (i.e. Question 10).

- a. Please summarize **course SLO assessment results**. Include a discussion of whether or not disproportionate impact ~~(if the data is available)~~ has been identified and whether the program met its target for each course SLO.
- b. Please describe any course and/or instructional improvements you plan to make as a result of the course SLO assessment(s), specifically focusing on removing any identified disproportionate impact ~~(if the data is available)~~.
- c. What objective(s) or action step(s) will you add to Question 10 as a result of the SLO assessment(s) and to address any identified disproportionate impact ~~(if the data is available)~~? If none, please explain.

5. **Unit's Performance on Institutional Quantitative Effectiveness Indicators:** Please discuss your program's performance on each data item below.

a. Instructional Program Health Evaluation Rubric

- i) **Rubric Item:** Use Office of Institutional Effectiveness, Research, and Planning (OIERP) data to set a [Course Completion Rate](#) target, provide an explanation for the target that has been set, develop strategies to reduce disproportionate impact if any exists by gender, age, or ethnicity, and include any strategies in the action plan (i.e. Q10). **Click [HERE](#) to access your program specific data.**
- ii) **Rubric Item:** Use OIERP data to set a [Course Success Rate](#) target, provide an explanation for the target that has been set, develop strategies to reduce disproportionate impact if any exists by gender, age, or ethnicity, and include any strategies in the action plan (i.e. Q10). **Click [HERE](#) to access your program specific data.**
- iii) **Rubric Item:** What is your [FT/PT Faculty Ratio](#), how is it impacting your program, and student success? **Click [HERE](#) to access your program specific data.**
- iv) **Rubric Item:** Use OIERP data to set a [WSCH/FTEF Ratio](#) target and provide an explanation for the target that has been set. Based on Faculty dialogue what is a feasible WSCH/FTEF (productivity) target for your area? (Note: 525 may not be a realistic target for your area.) **Click [HERE](#) to access your program specific data.**
- ~~v) **Rubric Item:** The [Fill rate](#) target is 80% or higher. Use the data provided by the OIERP and please provide a reason for any deviation from the target. This may involve a discussion around the appropriateness of the cap and how it was set. **Click [HERE](#) to access your program specific data.**~~

6. **Other Unit-Specific Quantitative and Qualitative Results:**

- a. **Rubric Item:** How do your [program student demographics](#) relate to the college demographics? What are the discrepancies, and what plan do you have to address any discrepancies? Include any plan to address discrepancies in the action plan (Q10) – **Click [HERE](#) to view program and college demographics by year.**
- b. Summarize the results of any quantitative or qualitative measures not provided in the previous question that you have chosen to gauge your program's effectiveness (e.g.: transfers, degrees, certificates, satisfaction, enrollments, Perkin's data, equity data, student research experience, student clubs, etc.) **Click [HERE](#) to access your program specific data on degrees and certificates.**
- c. What improvements/changes have you implemented, or do you plan to implement as a result of your analysis of the measures illustrated in 6a and 6b? Include any plans in the action plan (Q10).

Comments and Suggestions:

- If you would like assistance in developing additional measures of effectiveness, please contact the OIERP as soon as possible, to allow enough time for the office to process your request.

7. **Evaluation:** *You have already provided a description and analysis of the program in questions 1-6, please provide an analysis of what is going well/not well and why, in the following areas:*

- *Alternative modes and schedules of delivery (e.g.: online, hybrid, early morning, evening services, etc.)*
- *Partnerships (internal and external)*
- *Innovation and Implementation of best practices*
- *Efficiency in resource use*
- *Staffing*
- *Participation in shared governance (e.g., do unit members feel they participate effectively in planning and decision-making?)*
- *Professional development and training*
- *Compliance with applicable mandates*

8. **Vision:**

- a. *Tell us your unit's vision: Where would you like your program to be four years from now? Dream big while considering any upcoming changes (e.g.: new buildings, labs, growth, changes in the discipline etc.).*
- b. *Alignment with the college Vision: **Rubric Item** ([Vision Alignment](#)): The Vision of Crafton Hills College is to empower the people who study here, the people who work here, and the people who live in our community through education, engagement, and innovation. . **In what ways does your program advance and align with the vision of the college?***

Comments and Suggestions

As you construct your vision, it might be helpful to think about some of the following questions:

- Imagine your program four years from now in an ideal future. You and your colleagues have done everything you possibly can to make the program excellent. Look around: What do you see?
- Describe the colleagues and partners inside and outside the institution with whom you would like to work in the ideal future.
- In the ideal future, what specific innovations, best practices, or other accomplishments would you share with a visiting out-of-state colleague?
- What long-term impact would you like your program to have on the College and the community?

- What strengths, opportunities, or new directions now exist on which you can capitalize in four years' time?

9. **Progress on Prior Goals:** Briefly summarize the progress your unit has made in meeting the goals and objectives identified in your last Four-Year Action Plan.

10. **Four-Year Action Plan (Goals, Objectives, Resources, and Actions):**

Rubric Item: Reflect on your responses to all the previous questions. Complete the Four-Year Action Plan, entering the specific program goals ([goal rubric](#)) and objectives ([objective rubric](#)) you have formulated to maintain or enhance your strengths, or to address identified weaknesses. Please note that goals are now limited to any of the five strategic directions from the college's [Educational Master Plan](#): (a) Increase Student Enrollment; (b) Engage in Practices that Prioritize and Promote Inclusivity, Equity, Anti-Racism, and Human Sustainability; (c) Increase Student Success and Equity; (d) Develop a Campus Culture that Engages Students, Employees, and the Broader Community; and (e) Foster and Support Inquiry, Accountability, and Campus Sustainability.

In writing your objectives and developing your resource requests, take into account student learning and program assessment results. Assign an overall priority to each goal and each objective. In addition, enter any actions and/or resources required to achieve each objective. (Click here to see a definition of [goals](#), [objectives](#), [actions](#), and how they work [together](#).)

Non-Instructional Questions

Note: Be sure to enter all the information requested at the top of the Program Review form:

- Plan Name
- Prepared by:

I. **Mission:**

- a. Tell us your unit's mission: Provide a mission statement for your unit that clearly and succinctly describes your unit's purpose, idealistic motivations, and change it hopes to inspire.
- b. Alignment with the college Mission: **Rubric Item** ([Mission Alignment](#)): The Crafton Hills College mission is to change lives. We seek to inspire our students, support our colleagues, and embrace our community through a learning environment that is transformational. Crafton Hills College welcomes everyone and is committed to working with students from diverse backgrounds. The College has an exceptional learning environment built on a tradition of excellence, a talented faculty, a driven student body, a committed staff, with passionate leadership and community support.. **In what ways does your program advance the mission of the college?**

2. **Description of Program:** Please describe your program, including the following:

- a. Organizational structure and staffing
- b. Whom you serve (including demographics and representativeness of population served)
- c. Provide a list and a brief description of the services you provide as well as a minimum of three years of trend data for each identified service
- d. **Pattern of Service: Rubric Item:** Describe your [Pattern of Service](#) including standard hours of operation, alternative modes and schedules of delivery (e.g.: online, hybrid, early morning, evening services, etc.) and how that service meets the needs of students or clients. Please incorporate available quantitative or qualitative evidence in your response.

3. **External Factors with Significant Impact:** What external factors have a significant impact on your program? Please include the following as appropriate:

- a. Budgetary constraints or opportunities
- b. Competition from other institutions
- c. Requirements of four-year institutions
- d. Requirements imposed by regulations, policies, standards, and other mandates
- e. Job market
 - i) Requirements of prospective employers

- ii) *Developments in the field (both current and future)*

4. **Progress on Outcomes Assessment:**

Rubric Item: [Service Area and Student Learning Outcomes Process](#).

- a. Please summarize Service Area Outcome (SAO) assessment results. Include a discussion of whether or not disproportionate impact (if the data is available) has been identified, and whether the program met its target for each SAO.
- b. Please describe any service area improvements you plan to make as a result of the SAO assessment(s), specifically focusing on removing any identified disproportionate impact (if the data is available).
- c. What objective(s) or action step(s) will you add to Question 10 as a result of the SAO assessment(s) and to address any identified disproportionate impact (if the data is available)? If none, please explain.
- d. If your program has SLOs, please address b and c above in relation to the SLO assessment results.

5. **Unit's Performance on Institutional Quantitative Effectiveness Indicators:** Please discuss your program's performance on each data item below.

- a. Non-Instructional Program Effectiveness Evaluation Rubric
 - i) **Rubric Item:** Describe a significant [innovation or enhancement](#), and the data collected and analyzed that has helped to determine the efficacy of the innovation.
 - ii) **Rubric Item:** Describe at least three external and internal [partnerships](#) that substantially affect the quality of services to students or clients.

6. **(Student Services Only) Other Unit-Specific Quantitative and Qualitative Results:**

- a. **Rubric Item:** How do your [program student demographics](#) relate to the college demographics? What are the discrepancies, and what plan do you have to address any discrepancies? [You may use your Vision Aligned Reporting \(VAR\) data to examine this issue. You may also use the Student Programs dropdown menu within the Completion and Success Dashboard to view data for many student support programs. ~~How do your program student demographics relate to the college demographics?~~ — Click \[HERE\]\(#\) to view the VAR Dashboard or click \[HERE\]\(#\) to view the Completion and Success Dashboard.](#) ~~program and college demographics by year.~~
- b. Summarize the results of any quantitative or qualitative measures not provided in any previous questions that you have chosen to gauge your program's effectiveness (e.g.: number of transfers, degrees, certificates, student contacts, students serviced, student and faculty satisfaction, equity data, correlation data on the relationship between program participation and student outcomes, Perkin's data, equity data, student research experience, student clubs, etc.).

- c. *What improvements/changes have you implemented or do you plan to implement as a result of your analysis of the measures illustrated in 6a and 6b? Include any plans in the action plan (Q10).*

Comments and Suggestions:

- If you would like assistance in developing additional measures of effectiveness, please contact the OIERP as soon as possible, to allow enough time for the office to process your request.

6. **(Administrative Services Only) Other Unit-Specific Quantitative and Qualitative Results:**

- a. **Rubric Item:** Define and describe useful quantitative or qualitative measures you have chosen to gauge your program's effectiveness that are in addition to the SAOs from measure 3 ([Program Effectiveness Measures](#)). (e.g.: number of transfers, degrees, certificates, student contacts, students serviced, square footage serviced, acres managed, student, faculty, and staff satisfaction, equity data, correlation data on the relationship between program participation and student outcomes, and satisfaction with college facilities) etc.
- b. **Rubric Item:** Please be sure to set a target ([Program Effectiveness Criteria](#)) for each measure and provide the reasoning for the targets that have been set. What did you learn from your evaluation of these measures, and what improvements have you implemented or do you plan to implement as a result of your analysis of these measures?

Comments and Suggestions

- If you would like assistance in developing additional measures of effectiveness, please contact the OIERP as soon as possible, to allow enough time for the office to process your request.

7. **Evaluation:** You have already provided a description and analysis of the program in questions 1-6, please provide an analysis of what is going well/not well and why, in the following areas:

- Alternative modes and schedules of delivery (e.g.: early morning, evening services, etc.)
- Innovation and Implementation of best practices
- Efficiency in operations
- Efficiency in resource use
- Staffing
- Participation in shared governance (e.g., do unit members feel they participate effectively in planning and decision-making?)
- Professional development and training
- Group dynamics (e.g., how well do unit members work together?)
- Compliance with applicable mandates

8. **Vision:**

- a. Tell us your unit's Vision: Where would you like your program to be four years from now? Dream big while considering any upcoming changes (e.g.: new buildings, growth, changes to the service area, etc.).
- b. Alignment with the college Vision: **Rubric Item** ([Vision Alignment](#)): The vision of Crafton Hills College is to empower the people who study here, the people who work here, and the people who live in our community through education, engagement, and innovation. **In what ways does your program advance the vision of the college?**

Comments and Suggestions

As you construct your vision, it might be helpful to think about some of the following questions:

- Imagine your program four years from now in an ideal future. You and your colleagues have done everything you possibly can to make the program excellent. Look around: What do you see?
- Describe the colleagues and partners inside and outside the institution with whom you would like to work in the ideal future.
- In the ideal future, what specific innovations, best practices, or other accomplishments would you share with a visiting out-of-state colleague?
- What long-term impact would you like your program to have on the College and the community?
- What strengths, opportunities, or new directions now exist on which you can capitalize in four years' time?

9. **Progress on Prior Goals:** Briefly summarize the progress your unit has made in meeting the goals and objectives identified in your last Four-Year Action Plan.

10. **Four-Year Action Plan (Goals, Objectives, Resources, and Actions):**

Rubric Item: Reflect on your responses to all the previous questions. Complete the Four-Year Action Plan, entering the specific program goals ([goal rubric](#)) and objectives ([objective rubric](#)) you have formulated to maintain or enhance your strengths, or to address identified weaknesses. Please note that goals are now limited to any of the five strategic directions from the college's [Educational Master Plan](#): (a) Increase Student Enrollment; (b) Engage in Practices that Prioritize and Promote Inclusivity, Equity, Anti-Racism, and Human Sustainability; (c) Increase Student Success and Equity; (d) Develop a Campus Culture that Engages Students, Employees, and the Broader Community; and (e) Foster and Support Inquiry, Accountability, and Campus Sustainability.

In writing your objectives and developing your resource requests, take into account student learning and program assessment results. Assign an overall priority to each goal and each objective. In addition, enter any actions and/or resources required to achieve each objective. (Click [here](#) to see a definition of [goals](#), [objectives](#), [actions](#), and how they work [together](#).)

Four-Year Action Plan (goals/objectives/resource requests/actions/activities)

1. Goal

a. You must enter at least one goal. Please note that goals are limited to any of the five strategic directions from the college's [Educational Master Plan](#): (a) *Increase Student Enrollment*; (b) *Engage in Practices that Prioritize and Promote Inclusivity, Equity, Anti-Racism, and Human Sustainability*; (c) *Increase Student Success and Equity*; (d) *Develop a Campus Culture that Engages Students, Employees, and the Broader Community*; and (e) *Foster and Support Inquiry, Accountability, and Campus Sustainability*.

2. Objective

- a. You must enter at least one objective under every goal.
- b. At the program level, an objective is a concrete, measurable milestone on the way to achieving a goal.
- c. Each program objective should have the following characteristics:
 - 1) Relevant and significant with respect to the applicable goal
 - 2) Brings the goal down to earth in clear language
 - 3) Achievement of the objective represents significant progress toward achievement of that goal
 - 4) Achievement of all the objectives related to a goal does not necessarily mean achievement of that goal; it often represents completion of one phase of work that will continue with the formulation of additional objectives and actions.
 - 5) Specific
 - 6) Measurable
 - 7) Reasonable with respect to:
 - 1. Scope
 - 2. Timeline
 - 8) Lends itself to formulation of a coherent set of actions
- d. Examples
 - 1) Implement an afternoon and evening tutoring program for at-risk students taking classes in the department.
 - 2) Evaluate the match between client needs and department services.
 - 3) Develop and implement an alumni relations information system.
 - 4) Compile a set of best practices for community-college student engagement.

3. Overall Priority

- a. Establishing the overall priority of each objective is important to the unit in deciding how best to pursue all the goals and objectives during the next year. It is also important in Crafton's overall planning process, during which objective priorities across units are consolidated at the Division, Area, and College levels.
- b. Enter the overall priority of each objective among all unit objectives, regardless of goal. For example, if you have four-unit goals, each with four objectives, rank the nine objectives in priority order, and enter the priorities from 1 to 9.
- c. The initial priority order of any resource requests will be determined by the priority order of the objectives with which they are associated.
- d. On average, the objectives under high-priority goals tend to be higher in overall priority than objectives under lower-priority goals. However, it is perfectly all right to rank an objective under a lower-priority goal higher overall than an objective under a higher-priority goal. In the example, the priority of the objectives under Goal 1 might be 1, 3, and 4, while the priority of the objectives under Goal 3 might be 2, 7, and 8.

4. Timeline

Provide a realistic, reasonable estimate of the time period during which work on the objective will occur. The end of this period represents the target date for achievement of the objective.

5. Person Responsible

List the title and name of the specific person with overall responsibility for ensuring that progress on the objective occurs as planned.

6. Resources (Also see *Resource Requests* on pg. 37)

- a. List all the significant resources needed to achieve the objective, including personnel, training, technology, information, equipment, supplies, and space.
- b. Every resource request must support at least one objective.
- c. Resource requests must have a description to be forwarded for prioritization.
- d. If you know of potential external sources of support for listed resources, please identify them here.

7. Rationale

For each resource listed, enter the reason(s) the resource is needed to achieve the objective.

8. Cost/Savings

- a. Enter the estimated additional cost of, or savings associated with, each resource listed (compared to the current year's budget). Facilities/IT will provide standard costs for commonly purchased equipment and facilities requests/upgrades. Requests for staffing will not require PPR writers to include associated costs. Please label savings as such; if an entry has no label, the committee will assume it represents a cost.
- b. If you need additional help in estimating costs or savings, please see your Dean (in Instruction or Student Services), Vice President (in Administrative Services), or the President (in the President's Area).

9. Actions/Tasks

- a. At the program level, an action is one of a coherent set of specific steps that must be taken to achieve the objective.
- b. Each action should have the following characteristics:
 - 1) Specific
 - 2) Reasonable with respect to:
 1. Scope
 2. Timeline
 3. Workloads
 - 3) May show the specific person with overall responsibility for ensuring that the action occurs as planned
 - 4) Completion of all the actions under an objective means achievement of that objective.
- c. Describe each action at an appropriate level of detail. If you end up with 25 actions for one objective, you probably have included too much detail; if you end up with two, you might have included too little.
- d. List the actions in a logical sequence.

Two-Year Planning

Note: Be sure to enter all the information requested at the top of the Two-Year Planning form:

- Plan Name
- Principal Preparer

The annual plan provides the option for each program to update their four-year action plan and requires each plan to provide current status on outcomes assessment, progress on the effectiveness measures, and progress each program has made on achieving goals and objectives.

Question	Update Required	Instructional and Non-Instructional Questions
1	Optional	Mission
2	Optional	Description of Program
3	Optional	External Factors with Significant Impact
4	Yes	Progress on Outcomes Assessment
5	Optional	Unit's Performance on Institutional Quantitative Effectiveness Indicators
6	Optional	Other Unit-Specific Quantitative and Qualitative Results
7	Optional	Evaluation
8	Optional	Vision
9	Optional	Progress on Prior Goals
10	Yes	Four-Year Action Plan
11	Optional	Comments
12	Optional	Supporting Documents

Program Review and Two-Year Planning Submissions

Required Format for Submissions

Units prepare and submit their documents using the web-based planning tool, PPR Web Tool. PPR Web Tool supports attaching supporting files. Training in the use of PPR Web Tool is provided each year and on request. For detailed step by step instructions on accessing and using the PPR Web Tool, visit the OIERP website at <http://www.craftonhills.edu/about-chc/research-and-planning/planning-and-program-review/index.php> and click on a document entitled: CHC Step-by-Step PPR Web Tool Guide.

The Committee does not accept paper or emailed submissions. Units wishing to submit supporting documents currently available only on paper must scan those documents into Portable Document Format (PDF) form. If you do not have access to a suitable scanning system, ask for help from your dean's or director's secretary or assistant.

Instructional Disciplines

1. Faculty, in collaboration with their faculty chair, completes the program review and planning documents. The unit leader and unit members should work with their dean to ensure that the quality of their documents (including the *Four-Year Action Plan*) is at least adequate for submission.
2. The faculty chair sends the unit's documents, or a notice that they are ready for review on PPR Web Tool, to the applicable dean and the Vice President.
3. The applicable dean and the Vice President provide feedback to the unit, but cannot make changes to the documents.
4. The unit must make improvements to the documents based upon any portion of the feedback that indicates the need for such improvements, or give the rationale for not doing so. In particular, if the feedback indicates that the goals, objectives, actions, and/or resource requests in the *Four-Year Action Plan* need improvements, the unit should strive to make those improvements. If the *Four-Year Action Plan* is not completed properly and/or on time, the unit's priorities might be omitted from the Division, Area, and College priority lists.
5. Once the document is finalized, the PPR Web Tool automatically sends an email to the Dean of Institutional Effectiveness, Research and Planning, the unit lead, and the unit manager.

Learning and Instructional Resources

1. The unit leader and unit members complete the program review and planning documents. They should work with their supervisor, coordinator, or director to ensure that the quality of their documents (including the *Four-Year Action Plan*) is at least adequate for submission.
2. Each supervisor, coordinator, or director sends the unit's program review and planning documents, or a notice that they are ready for review on PPR Web Tool, to the applicable dean.
3. The dean provides feedback to the unit, but cannot make changes to the documents.
4. The unit must make improvements to the documents based upon any portion of the feedback that indicates the need for such improvements, or give the rationale for not doing so. In particular, if the feedback indicates that the goals, objectives, actions, and/or resource requests in the *Four-Year Action Plan* need improvements, the unit should strive to make those improvements. If the *Four-Year Action Plan* is not completed properly and/or on time, the unit's priorities might be omitted from the Division, Area, and College priority lists.
5. Once the document is finalized, the PPR Web Tool automatically sends an email to the Dean of Institutional Effectiveness, Research and Planning, the unit lead, and the unit manager.

Student Services

I. Counseling

- a. All faculty counselors in Student Services collaborate and complete the unit's program review and planning documents. The counselors should work with the dean to ensure that the quality of their documents (including the *Four-Year Action Plan*) is at least adequate for submission.
- b. The counselors send the unit's documents, or a notice that they are ready for review on PPR Web Tool, to the applicable dean.
- c. The dean provides feedback to the unit, but cannot make changes to the documents.
- d. The unit must make improvements to the documents based upon any portion of the feedback that indicates the need for such improvements, or give the rationale for not doing so. In particular, if the feedback indicates that the goals, objectives, actions, and/or resource requests in the *Four-Year Action Plan* need improvements, the unit should strive to make those improvements. If the *Four-Year Action Plan* is not completed properly and/or on time, the unit's priorities might be omitted from the Division, Area, and College priority lists.
- e. Once the document is finalized, the PPR Web Tool automatically sends an email to the Dean of Institutional Effectiveness, Research and Planning, the unit lead, and the unit manager. Web Tool

2. All Other Programs

- a. The unit leader and unit members complete the program review and planning documents. They should work with their dean to ensure that the quality of their documents (including the *Four-Year Action Plan*) is at least adequate for submission.
- b. The supervisor, coordinator, director or dean send their units' program review and annual planning documents, or a notice that they are ready for review on PPR Web Tool, to the applicable dean or Vice President.
- c. The dean or Vice President provides feedback to the unit, but cannot make changes to the documents.
- d. The unit must make improvements to the documents based upon any portion of the feedback that indicates the need for such improvements, or give the rationale for not doing so. In particular, if the feedback indicates that the goals, objectives, actions, and/or resource requests in the *Four-Year Action Plan* need improvements, the unit should strive to make those improvements. If the *Four-Year Action Plan* is not completed properly and/or on time, the unit's priorities might be omitted from the Division, Area, and College priority lists.
- e. Once the document is finalized, the PPR Web Tool automatically sends an email to the Dean of Institutional Effectiveness, Research and Planning, the unit lead, and the unit manager. Web Tool

Administrative Services

1. The unit leader and unit members complete the program review and planning documents. They should work with their director to ensure that the quality of their documents (including the *Four-Year Action Plan*) is at least adequate for submission.
2. Each supervisor sends the unit's program review and planning documents, or a notice that they are ready for review on PPR Web Tool, to the applicable director or Vice President.
3. The director or Vice President provides feedback to the unit, but cannot make changes to the documents.
4. The unit must make improvements to the documents based upon any portion of the feedback that indicates the need for such improvements, or give the rationale for not doing so. In particular, if the feedback indicates that the goals, objectives, actions, and/or resource requests in the *Four-Year Action Plan* need improvements, the unit should strive to make those improvements. If the *Four-Year Action Plan* is not completed properly and/or on time, the unit's priorities might be omitted from the Division, Area, and College priority lists.
5. Once the document is finalized, the unit leader or Dean is to notify the Office of Research and Planning that the final draft is available on PPR Web Tool.

Submission Checklist

Please use the following checklist to ensure that your unit completes each step in the submission process.

Done	Step
	Unit leader invites all members of the unit to participate in initial discussions. (See the <i>Preparing for the Process</i> section for ideas on topics for discussions)
	Unit scans supporting documents into PDF format as needed.
	Unit completes an initial draft of each section of the program review or annual planning documents using the PPR Web Tool, and sends notice to applicable Division manager(s).
	Applicable Division manager(s) provide(s) feedback.
	Unit responds to feedback by making improvements to the documents or providing rationale for not doing so.
	Unit leader submits final documents to applicable Division manager.
	The unit leader or dean is to notify the OIERP that the final draft is available on PPR Web Tool.
	PPR Committee notifies Division manager and unit of receipt of final documents.

* The submission must include, at a minimum, the following:

- Completed Program Review or Two-Year Plan
- Completed Four-Year Action Plan
- Supporting documents

Program Review Process Evaluation

1. The evaluation process consists of two parts, each based on collaborative scoring a rubric with the PPR Committee (see the Appendix and the PPR Committee website for the rubrics):
 - a. An evaluation of the quality (e.g., completeness, clarity, reliance on evidence) of the submitted documents.
 - b. A substantive evaluation of each program's health or effectiveness, based on the information contained in the submitted documents.
2. The PPR Committee chair may invite unit representatives (the applicable unit leader and Division manager) to attend a portion of the PPR Committee meeting, if needed for clarification, at which time:
 - a. The PPR Committee and the unit representatives collaboratively discuss the unit's documents and the rubrics.
 - b. Unit representatives may ask questions or make comments about the process or its outcomes.
 - c. Unit representatives can answer clarifying questions that committee members might have about the unit's documents, procedures, evidence, or other matters related to document quality or program health or effectiveness.
3. The chair notifies committee members that finalized documents are ready for review.
4. Before each committee meeting, each PPR Committee member reviews the unit's documents carefully, noting any questions they might have, and assigns preliminary scores on both document quality and program health or effectiveness.
5. PPR Committee members convene to discuss each plan and collaboratively finalize both the scores and any feedback concerning the unit's submission.
6. The chair or designees email both scores and feedback to the unit leader(s) and division manager.
7. The committee will offer a final score on each criterion using a scale ranging from 0 (no response offered) to 3 (fully met rubric requirement). Rubric criteria receiving a score of 1 or 0 will require a resubmission. Resubmissions are reviewed by the committee in relation to the specific criteria in question and feedback is again offered. Plans still receiving a score of 1 or 0 will be ineligible to receive funds for resource requests during the corresponding PPR cycle year and may be required to resubmit a PPR plan the following year. The PPR Coach will assist writers in preparing resubmissions.
 - 1) Program review documents are not to be revised and resubmitted unless the committee expressly requests it.
8. If the unit chooses to submit a written response to the committee, it has two weeks after receipt of the feedback report to do so.

9. The *Committee Feedback and Recommendations* reports for all units, together with any written responses, are archived and made available to support the PPR Committee's *Summary of Program Health and Effectiveness* package when it is submitted to the President.
10. After the evaluation of all units in a given cycle is complete, the PPR Committee prepares a *Summary of Program Health and Effectiveness* package, and the co-chairs submit it to the President. The package includes the following:
 - a. The *Summary of Program Health and Effectiveness*, which contains for each program a brief evaluative summary and a designation in one of five categories:
 - 1) Programs showed outstanding progress on measures of program health and effectiveness, and also provided outstanding program review documents.
 - 2) Programs meet or exceed rubric standards on all variables and submitted exceptionally strong program review documents.
 - 3) Programs are healthy but require management guidance in a small number of specific areas.
 - 4) Programs submitted documents that did not meet rubric standards on a significant number of measures and/or the documents were such that the committee could not fairly evaluate the units. Senior Management will assist these units in addressing specific concerns by identifying the steps needed for improvement.
 - 5) Programs that did not participate are required to complete a program review in the following year and to not be eligible for any additional funding (e.g.: Perkin's, Title V, STEM, etc.).
 - b. Two quantitative summaries of rubric results for document quality and program health or effectiveness, one for instructional programs and one for non-instructional programs.
11. The President informs the entire campus community of the results of the evaluation process by attaching the *Summary of Program Health and Effectiveness* package to his/her Planning and Program Review Process Notification email. (See the *Institutional Priorities Process*)

Institutional Process for Prioritizing Objectives

Every unit submits a *Four-Year Action Plan* containing goals, objectives, actions, and resource requests, regardless of whether it is performing a full program review or is engaged in the two-year planning process. These plans are an important component of developing institutional priorities each year. **At each level of the prioritization process, participants need to take into account student learning outcomes and other evidence when determining priorities.** The unit-level objectives, with any associated resource requests, are rolled up successively into consolidated lists at the Division, Area, and College levels, in accord with the following process:

1. The Division manager discusses the units' objectives (and any associated resource requests) with the unit leaders and additional members from the unit as appropriate. Based substantially on the unit leaders' input, he or she creates a consolidated divisional priority list of objectives (and any associated resource requests), which may combine unit objectives and/or include objectives in addition to those formulated by the units. The Division manager submits the prioritized divisional list using the PPR Web Tool to the Area manager.
2. The Area manager discusses the divisional objectives (and any associated resource requests) with the Division managers. Based substantially on the Division managers' input, he or she creates a consolidated Area priority list of objectives (and any associated resource requests), which may combine divisional objectives and/or include objectives in addition to those in the divisional lists. The Area manager submits the Area list and discussion summary in electronic form to the President and to the PPR Committee.
3. The PPR Committee reviews the Area priority lists (and divisional or unit lists as needed), and recommends a consolidated institutional priority list of objectives (and any associated resource requests), which may combine Area objectives and/or include objectives in addition to those in the Area lists. It submits the recommendation to the President.
4. The President, with the advice of the Cabinet and the Crafton Council, creates the final institutional priority list of objectives (and any associated resource requests), based substantially on the PPR Committee recommendation.
5. The President then sends a memo to the PPR Committee acknowledging receipt of the PPR Committee recommendation, and identifying and providing the rationale for any significant departures from that recommendation.
6. The President informs the campus community of the final institutional priorities by attaching a copy of the memo to the PPR Committee and the final *CHC Annual Planning Priorities* document to the Planning and Program Review Process Notification email. The same information is posted on the PPR Committee website.

Resource Requests

The following apply to resource requests submitted as part of a full program reviews or two-year planning process:

1. All resource requests equal to or over \$500 must be included in units' plans by the deadline date established by the PPRC. Requests under \$500 should be forwarded to Deans for consideration using division developmental budgets.
2. Resource requests within the PPR tool must have a description of need/request to be forwarded for prioritization. To assist PPR writers, Facilities and IT will provide standard costs for commonly purchased equipment and facilities requests/upgrades. A link to a document with standard costs will be embedded within the PPR tool and updated approximately every three years. Requests for staffing will not require PPR writers to include associated costs.
3. One-time resource requests are prioritized separately from ongoing resource requests. One-time resource requests are ones that are fulfilled via a single allocation of funds (e.g., purchase of lab equipment). One-time requests are therefore not reoccurring from year-to-year. Ongoing resource requests are ones that are reoccurring from year-to-year (e.g., faculty or staff position). Each prioritization list will provide guidance for those requests. Ongoing and one-time requests will be subdivided between operational and staffing; this will result in four total prioritization lists.
4. Chairs Council will also offer its recommendations to the president for the prioritization of faculty positions.
5. As noted earlier (pp. 37), once the PPRC has completed the prioritization of one-time and ongoing requests, the committee submits the recommendations to the President. The President, with the advice of President's Cabinet, finalizes each prioritization list and reports them to the campus community with a justification for any changes.
6. Vice Presidents will take the opportunity to fund allowable activities/resource requests with categorical funding.

Implementation and Documentation

All units are expected to take the necessary steps to achieve the goals and objectives they have identified in their Four-Year Action Plans according to the timelines and priorities they have specified. Actions under objectives that are contingent on the unit's receipt of requested resources may be delayed if those resources are not available. In such cases, the unit should turn its attention to those objectives that do not require additional resources.

Units must document their progress on each objective to ensure that the status report on goals and objectives in the next planning and program review cycle is complete.

Continuous Quality Improvement of the Planning and Program Review Process

Each spring, after both program review and annual planning processes for the cycle are complete, the PPR evaluates those processes, identifies any needed improvements, and implements those improvements in the next cycle. The primary elements of the evaluation include the following:

1. All members from all units who participated in Program Review during the current cycle are asked to provide their opinion of the clarity, usefulness, and other characteristics of the process through a survey administered by the OIERP. In addition to quantitative ratings, the survey provides the opportunity for respondents to make suggestions to programs that will participate in the process next year, recommendations for improving the process, and any other suggestions or comments they wish. A qualitative review of the process and schedule from committee members' perspective.
2. Identification of training needs for participants and managers, and scheduling of training sessions.
3. The review and, if necessary, revision of internal committee procedures, including meeting schedules.
4. The review and, if necessary, revision of forms, rubrics, website contents, and this Handbook.

Accreditation Standards

The Accrediting Commission for Community and Junior Colleges (ACCJC) sets standards for two-year institutions in California, Hawaii, and the Pacific. To retain its accreditation, every college must demonstrate that it meets those standards. Nearly all the standards have planning and evaluation components, but the following are most closely related to planning and program review:

Standard 1: Institutional Mission and Effectiveness

The institution has a clearly defined mission that reflects its character, values, organizational structure, and unique student population. The mission outlines the institution's explicit commitment to equitable student achievement and serves as a guiding principle for institutional planning, action, evaluation, improvement, and innovation.

1. The institution establishes meaningful and ambitious goals for institutional improvement, innovation, and equitable student outcomes.
2. The institution holds itself accountable for achieving its mission and goals and regularly reviews relevant, meaningfully disaggregated data to evaluate its progress and inform plans for continued improvement and innovation.
3. The institution's mission directs resource allocation, innovation, and continuous quality improvement through ongoing systemic planning and evaluation of programs and services.
4. The institution uses assessment data and organizes its institutional processes to support student learning and student achievement.

Standard 2: Student Success

In alignment with its mission, the institution delivers high-quality academic and learning support programs that engage and support students through their unique educational journeys. Academic and learning support programs promote equitable student success, and the institution evaluates student learning and achievement data to inform improvements and advance equitable outcomes.

1. The institution, relying on faculty and other appropriate stakeholders, designs and delivers academic programs that reflect relevant discipline and industry standards and support equitable attainment of learning outcomes and achievement of educational goals.
2. The institution designs and delivers equitable and effective services and programs that support students in their unique educational journeys, address academic and non-academic needs, and

maximize their potential for success. Such services include library and learning resources, academic counseling and support, and other services the institution identifies as appropriate for its mission and student needs.

3. The institution conducts systematic review and assessment to ensure the quality of its academic, learning support, and student services programs and implement improvements and innovations in support of equitable student achievement.

Glossary

The following table presents definitions of terms as they are used in this Handbook.

Term	Definition
Action	One of a coherent set of specific steps that must be taken to achieve an objective (see <i>Four-Year Action Plan Questions</i> above). Also known as “activity.”
Area	Instruction, Student Services, Administrative Services, or the President’s Area.
Area Manager	A Vice President (for all the divisions in his or her Area) or the President (for all the departments in the President’s Area).
Division	A set of units that typically report to a single dean or director.
Division Manager	The position responsible for the set of units that comprise a given division; typically a dean or director.
Goal	A major aspiration that the unit intends to realize over the next four years (see <i>Four-Year Action Plan Questions</i> above).
Objective	A concrete, measurable milestone on the way to achieving a goal (see <i>Four-Year Action Plan Questions</i> above).
Unit	The smallest organizational structure that performs planning and program review (sometimes referred to as a program).
Unit leader	The position responsible for completing the unit’s planning and program review process, which may be a faculty chair, supervisor, coordinator, director, or dean.

Appendix

CHC Instructional Program Review Evaluation Rubric

Note: Failure to respond to a given question will result in a score of zero. Any scores of one or zero will require a resubmission of your program's plan. Please contact your PPR coach or the dean of institutional effectiveness with any questions.

Question # / Variable	Rating	Score	Comments
I.b. Alignment with CHC Mission	3 = Unit has provided a substantial discussion of the ways its mission aligns with the college's mission. 2 = Unit has partially provided a substantial discussion of the alignment between its mission and the college's mission. 1 = Unit has not demonstrated that its mission aligns with the college's mission. 0 = No response offered.		
2.d. Needs-Based Curriculum	3 = Curriculum is up-to-date, addresses equity and inclusion, and is demonstrably needs-based (e.g.: COR, that the COR is up-to-date, survey, labor market data, transfer patterns such as GE, IGETC, CSU, AA-T, or AS-T, articulation standards, articulation agreements, and/or other evidence as applicable). 2 = Curriculum is up-to-date and not demonstrably needs-based. 1 = Curriculum is not up-to-date and there is no evidence showing that it is needs-based. 0 = No response offered.		
2.e. Scheduling Matrix	3 = Unit has developed a two-year matrix of courses offered in each term. 2 = Unit has developed a matrix of courses offered each term that is less than two years.		

	1 = Unit does not have a matrix of course offerings. 0 = No response offered.		
4. Program Learning Outcomes (PLOs)	3 = PLOs have been defined, assessed with an emphasis on disproportionate impact by gender, age, or ethnicity (if the data is available), evaluated in reference to a target, have been used to inform instruction (i.e.: action plan in Q10), and have been submitted to the research office to be posted in the catalog for each degree and certificate. 2 = PLO cycle is only partially complete, the outcomes process has not been used to inform instruction, or the PLOs have not been submitted to the research office to be posted in the catalog for each degree and certificate. 1 = PLOs have not been developed and/or assessed to inform instruction, and/or been submitted to the research office to be posted in the catalog for each degree and certificate. 0 = No response offered.		
5.a.i. Course Completion Rate (formally retention)	3 = Unit has set a sound target, has either met the target or made significant progress towards meeting the target. It has developed strategies to reduce disproportionate impact if any exists by gender, age, or ethnicity that are included in the action plan (i.e., Q10). If no disproportionate impact is present, then the program describes the strategies it will continue to employ to maintain equity in the program. Q10 was used to highlight these strategies and/or offer resource requests in support of these efforts.		

	2 = Unit has set a sound target, but has not made significant progress, or has only partially developed strategies to reduce disproportionate impact or maintain equity. 1 = Unit has not set a sound target and/or has declined and has not developed strategies to reduce disproportionate impact or maintain equity. 0 = No response offered.		
5.a.ii. Course Success Rate	3 = Unit has set a sound target, has either met the target or made significant progress towards meeting the target. It has developed strategies to reduce disproportionate impact if any exists by gender, age, or ethnicity that are included in the action plan (i.e., Q10). If no disproportionate impact is present, then the program describes the strategies it will continue to employ to maintain equity in the program. Q10 was used to highlight these strategies and/or offer resource requests in support of these efforts. 2 = Unit has set a sound target, but has not made significant progress, or has only partially developed strategies to reduce disproportionate impact or maintain equity. 1 = Unit has not set a sound target and/or has declined and has not developed strategies to reduce disproportionate impact or maintain equity. 0 = No response offered.		
5.a.iii. Full-Time / Part-Time Faculty Ratio	3 = The Full-time faculty load (FTEF) ratio is clearly stated and how it impacts program and student success has been explained.		

	2 =The Full-time faculty load (FTEF) ratio was either clearly stated and how the ratio impacts program and student success was not explained or how the ratio impacts program and student success was explained, but the ratio was not clearly stated. 1 = The full-time faculty load (FTEF) ratio was not clearly stated and how the ratio impacts program and student success was not explained. 0 = No response offered.		
5.a.iv. WSCH / FTEF Ratio	3 = Unit has set a sound target and has either met the target or made significant progress towards meeting the target. 2 = Unit has set a sound target, but has not made significant progress. 1 = Unit has not set a sound target and/or has declined. 0 = No response offered.		
Question # / Variable	Rating	Score	Comments
6.a and 6.c Program Student Demographics	3 = The program has analyzed its program student demographics in relation to the college demographics. The program has identified any discrepancies, and developed a plan that is included in the action plan (i.e. Q10) to address discrepancies. If no discrepancies are present, then the program offered strategies that it will continue to employ to maintain equity in the program. Q10 was also used to highlight these strategies and/or offer resource requests in support of these efforts.		

	2 = The program has analyzed its program student demographics in relation to the college demographics but has not identified existing discrepancies, developed a plan to address the discrepancies, or discussed how it intends to maintain equity in the program. 1 = The unit has not analyzed its program student demographics in relation to the college demographics. 0 = No response offered.		
8.b. Alignment with CHC Vision	3 = Unit has provided a substantial discussion of the ways its vision aligns with the college's vision. 2 = Unit has partially provided a substantial discussion of the alignment between its vision and the college's vision. 1 = Unit has not demonstrated that its vision aligns with the college's vision. 0 = No response offered.		
10. Goals	3 = Unit has identified goals that are clearly related to the results of its self-evaluation, reflect the big picture, and are ambitious but attainable. Each goal's scope is such that its achievement would represent significant progress. 2 = Unit has identified goals that are somewhat related to the results of its self-evaluation, only moderately reflect the big picture, and/or are either not ambitious enough or not attainable. Each goal's scope is such that its achievement would represent moderate progress. 1 = Unit has not identified goals, and/or goals are unrelated to the results of its self-evaluation, fail to reflect the big		

	picture, and/or are trivial. Each goal is of such limited scope that its achievement represents insignificant progress. 0 = No response offered.		
10. Objectives	3 = Unit has identified objectives that are clearly related to the results of its self-evaluation, concrete, specific, measurable, and reasonable with respect to scope and timeline. If an objective includes resources, the rationale shows that they are necessary to achievement of the objective. 2 = Unit has identified objectives that are somewhat related to the results of its self-evaluation, only partially concrete, specific, measurable, and reasonable with respect to scope and timeline. If an objective includes resources, the rationale shows that they are somewhat related to achievement of the objective. 1 = Unit has not identified objectives, and/or objectives are unrelated to the results of its self-evaluation, or objectives meet few or none of the characteristics specified in ratings 2 and 3. 0 = No response offered.		

CHC Non-Instructional Program Review Evaluation Rubric

Note: Failure to respond to a given question will result in a score of zero. Any scores of one or zero will require a resubmission of your program's plan. Please contact your PPR coach or the dean of institutional effectiveness with any questions.

Question # / Variable	Rating	Score	Comments
1.b. Alignment with CHC Mission	3 = Unit has provided a substantial discussion of the ways its mission aligns with the college's mission. 2 = Unit has partially provided a substantial discussion of the alignment between its mission and the college's mission. 1 = Unit has not demonstrated that its mission aligns with the college's mission. 0 = No response offered.		
2.d. Pattern of Service	3 = Quantitative and/or qualitative evidence indicates that service trends and patterns of service support the success of students or clients. 2 = Quantitative and/or qualitative evidence indicates that service trends and patterns of service support the success of some students or clients, and the unit describes plans to improve and/or expand the current pattern of service. 1 = There are significant gaps in the pattern of service, no plans to remedy the gaps, and/or no evidence was provided by the program. 0 = No response offered.		

Note: Failure to respond to a given question will result in a score of zero. Any scores of one or zero will require a resubmission of your program's plan. Please contact your PPR coach or the dean of institutional effectiveness with any questions.

Question # / Variable	Rating	Score	Comments
4. Service Area and/or Student Learning Outcomes: Process	3 = Outcomes have been defined, assessed, and sound targets established. The program has developed strategies to reduce disproportionate impact if any exists by gender, age, or ethnicity that are included in the action plan (i.e., Q10). If no disproportionate impact is present, then the program describes the strategies it will continue to employ to maintain equity in the program. Q10 was used to highlight these strategies and/or offer resource requests in support of these efforts. 2 = Outcomes cycle is partially complete, or the outcomes process has not been used to inform services offered by the program. 1 = Outcomes have not yet been developed, assessed, and used to inform services offered by the program. 0 = No response offered.		

Note: Failure to respond to a given question will result in a score of zero. Any scores of one or zero will require a resubmission of your program's plan. Please contact your PPR coach or the dean of institutional effectiveness with any questions.

Question # / Variable	Rating	Score	Comments
5.a.i. Innovation and Service Enhancement	3 = The program has added a significant innovation or enhancement and has collected and analyzed data, if reasonable, to help determine the efficacy of the innovation. 2 = The program has added a significant innovation or enhancement that impacts service to students or clients, but has not collected or analyzed data to help determine the efficacy of the innovation. 1 = The unit does not describe innovations or enhancements to services. 0 = No response offered.		
5.a.ii. Partnerships	3 = The unit has at least three external and internal partnerships that substantially affect the quality of services to students or clients. 2 = The unit has one external or internal partnership that substantially impacts the quality of services to students or clients. 1 = The unit has no external or internal partnerships. 0 = No response offered.		

Note: Failure to respond to a given question will result in a score of zero. Any scores of one or zero will require a resubmission of your program's plan. Please contact your PPR coach or the dean of institutional effectiveness with any questions.

Question # / Variable	Rating	Score	Comments
6.a and 6.c Program Student Demographics (Student Services Only)	3 = The program has analyzed its program student demographics in relation to the college demographics. The program has identified any discrepancies, and developed a plan that is included in the action plan (i.e. Q10) to address discrepancies. If no discrepancies are present, then the program offered strategies that it will continue to employ to maintain equity in the program. Q10 was also used to highlight these strategies and/or offer resource requests in support of these efforts. 2 =. The program has analyzed its program student demographics in relation to the college demographics but has not identified existing discrepancies, developed a plan to address the discrepancies, or discussed how it intends to maintain equity in the program. 1 = The unit has not analyzed its program student demographics in relation to the college demographics. 0 = No response offered.		

Note: Failure to respond to a given question will result in a score of zero. Any scores of one or zero will require a resubmission of your program's plan. Please contact your PPR coach or the dean of institutional effectiveness with any questions.

Question # / Variable	Rating	Score	Comments
6.a. Program Effectiveness Measures (Administrative Services Only)	3 = Useful effectiveness measures have been defined and applied. 2 = At least one additional useful effectiveness measure has been defined and applied. 1 = No additional effectiveness measures have been defined and applied. 0 = No response offered.		
6.b. Program Effectiveness Criteria (Administrative Services Only)	3 = Program has set criteria for all effectiveness measures, has met the criteria, and has developed strategies for improving services if any are needed or identified. 2 = Program has set criteria for effectiveness measures, has not met the criteria specified, but has developed strategies for improving services if any are needed or identified. 1 = No program effectiveness criteria have been developed. 0 = No response offered.		
8.b. Alignment with CHC Vision	3 = Unit has provided a substantial discussion of the ways its vision aligns with the college's vision. 2 = Unit has partially provided a substantial discussion of the alignment between its vision and the college's vision. 1 = Unit has not demonstrated that its vision aligns with the college's vision. 0 = No response offered.		

Note: Failure to respond to a given question will result in a score of zero. Any scores of one or zero will require a resubmission of your program's plan. Please contact your PPR coach or the dean of institutional effectiveness with any questions.

Question # / Variable	Rating	Score	Comments
10. Goals	3 = Unit has identified goals that are clearly related to the results of its self-evaluation, reflect the big picture, and are ambitious but attainable. Each goal's scope is such that its achievement would represent significant progress. 2 = Unit has identified goals that are somewhat related to the results of its self-evaluation, only moderately reflect the big picture, and/or are either not ambitious enough or not attainable. Each goal's scope is such that its achievement would represent moderate progress. 1 = Unit has not identified goals, and/or goals are unrelated to the results of its self-evaluation, fail to reflect the big picture, and/or are trivial. Each goal is of such limited scope that its achievement represents insignificant progress. 0 = No response offered.		

Note: Failure to respond to a given question will result in a score of zero. Any scores of one or zero will require a resubmission of your program's plan. Please contact your PPR coach or the dean of institutional effectiveness with any questions.

Question # / Variable	Rating	Score	Comments
10. Objectives	3 = Unit has identified objectives that are clearly related to the results of its self-evaluation, concrete, specific, measurable, and reasonable with respect to scope and timeline. If an objective includes resources, the rationale shows that they are necessary to achievement of the objective. 2 = Unit has identified objectives that are somewhat related to the results of its self-evaluation, only partially concrete, specific, measurable, and reasonable with respect to scope and timeline. If an objective includes resources, the rationale shows that they are somewhat related to achievement of the objective. 1 = Unit has not identified objectives, and/or objectives are unrelated to the results of its self-evaluation, or objectives meet few or none of the characteristics specified in ratings 2 and 3. 0 = No response offered.		