**Allan Hancock College**

**Administrative Department Program Review**

**<Academic year> Comprehensive Self-Study**

Program review is intended to be a reflective process that builds on the extensive information gathered for the Annual Updates and lays out the program’s major directions for the future. It is based on data and evidence to assess and improve performance on established functions and Service Area Outcomes. Service Area Outcomes reflect the measures of effectiveness of the department functions. (Place your responses in the text boxes below each question.)

|  |  |
| --- | --- |
| Date: |  |
| Program/Department: |  |
| Team Chair: |  |
| Team Members: |  |

1. **Program Scope (must align with college mission)**
   1. Scope of Services – list and describe primary types of services and functions, including primary clients.
   2. Location &Time (check all that apply). Indicate where support is provided – not necessarily where you have a physical office.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Time | Santa Maria | Lompoc Valley | Santa Ynez | VAFB | Other | Online |
|  | Always Sometimes Never | Always Sometimes Never | Always Sometimes Never | Always Sometimes Never | Always Sometimes Never |  |
| M-F 8-4:30 | □ □ □ | □ □ □ | □ □ □ | □ □ □ | □ □ □ |  |
| M-F 4:30 on | □ □ □ | □ □ □ | □ □ □ | □ □ □ | □ □ □ |  |
| Weekends | □ □ □ | □ □ □ | □ □ □ | □ □ □ | □ □ □ |  |
| Other | □ □ □ | □ □ □ | □ □ □ | □ □ □ | □ □ □ |  |

* 1. Admin Unit data

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | <Year> | <Year> | <Year> | <Year> | <Year> |
| FT Employees |  |  |  |  |  |
| PT Employees |  |  |  |  |  |
| Student Workers |  |  |  |  |  |
| Temporary Workers |  |  |  |  |  |

1. **Past Program Service Area Outcomes (SAOs)**
2. List program objectives (not resource requests) from past program reviews and provide an update:

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| --- | --- | --- |
| SAO | YEAR | STATUS |
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1. Comment on challenges and/or obstacles in achieving the outcomes
2. Based on assessment of the past 6 years, what are the current department strengths and weaknesses?

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| --- |
|  |

1. **Performance, Stated functions & Demand for Service**
2. Quantitative data collected:
3. What workload metrics do you collect (i.e. number of surveys, help desk requests, purchase orders)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Service | <Year> | <Year> | <Year> | <Year> | <Year> | Goals\* |
| *EXAMPLE: # of applications processed* |  |  |  |  |  |  |
| *EXAMPLE: Acres maintained per groundskeeper* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\* If you have an established benchmark (e.g. statewide recommendations, program goals)

1. Survey data collected:

Describe the demand and satisfaction based on the results from surveys, focus groups, customer feedback, or other means of feedback.

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| --- | --- | --- | --- |
| Service | Level of Satisfaction | Importance | Analysis |
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Based on the survey results, what are the main gaps that form your SAOs for the next six years?

1. **Equity**
2. How does your program support equity?
3. **New Program Outcomes & Plan of Action**
4. Identify recommendations to improve department performance in its functions and service outcomes (SAOs).

*For example, if the function is payroll, an effective objective may be to process payroll on time with 99% accuracy. Example two, if the function is Plan Services repairs, an effective objective may be to complete all work orders in a timely manner. Example three, if the function is grant applications, an effective objective may be to file ‘X’ amount of grant applications and complete the application process on time.*

EXAMPLE:

|  |  |  |
| --- | --- | --- |
| *SAO 1: Reduce wait time for research requests* | | |
| *Activity* | *Timeline* | *Progress Measure* |
| *Work with IT to create useful data views* | *Fall 2017* | *Turnaround time for all requests* |

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| --- | --- | --- | --- |
| SAO 1: | | |  |
| Activity | Timeline | Progress Measure | Link to Strategic Plan |
|  |  |  |  |
|  |  |  |  |
| SAO 2: | | |  |
| Activity | Timeline | Progress Measure | Link to Strategic Plan |
|  |  |  |  |
|  |  |  |  |
| SAO 3: | | |  |
| Activity | Timeline | Progress Measure | Link to Strategic Plan |
|  |  |  |  |
|  |  |  |  |

1. **Resource Needs**
2. To implement the actions above, list any resources needed (please include corresponding cost estimates):

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| --- | --- | --- | --- | --- | --- | --- |
|  | SAO | Strategic Planning Goal | *Specific Resource* | *Estimated Cost* | *Health and Safety (Y/N)* | *Priority* |
| Facility Needs |  |  |  |  |  |  |
| Technology Needs |  |  |  |  |  |  |
| Staffing Needs |  |  |  |  |  |  |
| Equipment (non-technology) |  |  |  |  |  |  |
| Other Resources |  |  |  |  |  |  |

**Validation**

To ensure institutional input, and when appropriate, the program review chair should solicit input from a validation team comprised of the following members:

1. One faculty appointed by AS
2. One staff appointed by CSEA
3. One manager appointed by the Management Association

The validation team will prepare a memo regarding validation of the program review.

1. Does the report include the program scope, relevant data related to program functions and services, findings and an action plan?
2. Is the information in the program review valid and accurate? Is there any important information missing?
3. Are there any areas in which the program deserves a commendation for performance excellence?

**Program Review Committee**

The program review committee must be approved by the superintendent/president or cabinet level administrator.

Department Manager:

Committee Member:

Committee Member:

Committee Member:

External Member:

**Approval**

The written report will be submitted to the appropriate cabinet member for approval. The program review and annual updates will be used for planning and budgeting purposes.

Cabinet Member: