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| **BASIC PROGRAM INFORMATION** | | | | | | | | | | | | |
| *Program Review is about documenting the discussions and plans you have for improving student success in your program and sharing that information with the college community. It is also about linking your plans to decisions about resource allocations. With that in mind, please answer the following questions.* | | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **Department Name:** |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **Division Name:** |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Please List All Team Members Who Participated In This Program Review** | | | | | | | | | | | | |
| **Name** | | | **Position** | | | | **Location** | | | | | |
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| **Number Of Full Time Faculty** | |  | | | **Number Of Part Time Faculty** | | | | | |  | |
|  | | | | | | | | | | | | |
| **Please List All Existing Staff Positions: (Example: Administrative Assistant I)** | | | | | | | | | | | | |
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| **List All Programs Covered By This Review And Highlight The Program Type** | | | | | | | | | | | | |
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|  | | | | MSA | | Certificate | | | AAS | AA/AS | | FOS |
|  | | | | MSA | | Certificate | | | AAS | AA/AS | | FOS |
|  | | | | MSA | | Certificate | | | AAS | AA/AS | | FOS |
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| **SECTION I: PROGRAM DATA & ENROLLMENT** | | | | | | | | | | | | | | | |
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| **1. Departmental Level Data: (Data Dashboard** [**https://www.hillcollege.edu/About/IRE/IE-Reports.html**](https://www.hillcollege.edu/About/IRE/IE-Reports.html) **)** | | | | | | | | | | | | | | | |
| Place the data for these areas in the fields provided | | | | | | | | | | | | | | | |
|  | | | **2018-2019** | | | | | | **2017-2016** | | | | | **2016-2017** | |
| **Enrollment** | | |  | | | | | |  | | | | |  | |
| **Contact Hours** | | |  | | | | | |  | | | | |  | |
| **Graduates** | | |  | | | | | |  | | | | |  | |
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| **1.1 Enrollment Trends:** | | | | | | | | | | | | | | | |
| **Program Enrollment:** | | | | Increase | | | | Decrease | | | | | Steady/No Change | | |
| **Program Graduation:** | | | | Increase | | | | Decrease | | | | | Steady/No Change | | |
|  | | | | | | | | | | | | | | | |
| **1.1.1- Explain further any significant factors relating to enrollment and graduation changes (Increase or Decrease)?** | | | | | | | | | | | | | | | |
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| **1.2. Student Enrollment Trends:** Please describe and highlight enrollment trends for the following student groups and compare the program-level data with the college-level data | | | | | | | | | | | | | | | |
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|  | **Program-Level Trend** | | | | | | | | | | **College-Level Trend** | | | | |
|  | **Increase** | | | | **Decrease** | | **Steady/No Change** | | | | **Increase** | **Decrease** | | | **Steady/No Change** |
| **African American** |  | | | |  | |  | | | |  |  | | |  |
| **Asian** |  | | | |  | |  | | | |  |  | | |  |
| **Pacific Islander** |  | | | |  | |  | | | |  |  | | |  |
| **Hispanic** |  | | | |  | |  | | | |  |  | | |  |
| **Native American** |  | | | |  | |  | | | |  |  | | |  |
| **White** |  | | | |  | |  | | | |  |  | | |  |
| **Unknown** |  | | | |  | |  | | | |  |  | | |  |
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|  | **Program-Level Trend** | | | | | | | | | | **College-Level Trend** | | | | |
|  | **Increase** | | | | **Decrease** | | **Steady/No Change** | | | | **Increase** | **Decrease** | | | **Steady/No Change** |
| **Male** |  | | | |  | |  | | | |  |  | | |  |
| **Female** |  | | | |  | |  | | | |  |  | | |  |
| **Dual Credit** |  | | | |  | |  | | | |  |  | | |  |
| **18-24 Years Old** |  | | | |  | |  | | | |  |  | | |  |
| **> 24 Years Old** |  | | | |  | |  | | | |  |  | | |  |
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| **1.3 Does the data show a trend that could be an opportunity for growth?** | | | | | | | | | | | | | | | |
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| **2.1 Course Success** | | | | | | | | | | | | | | | | |
| Place the data for these areas in the fields provided | | | | | | | | | | | | | | | | |
|  | | | **2018-2019** | | | | | | **2017-2018** | | | | | | **2016-2017** | |
| **Contact Hours** | | |  | | | | |  | | | | | |  | | |
| **Number of Sections Offered** | | |  | | | | |  | | | | | |  | | |
| **Number of Section Made** | | |  | | | | |  | | | | | |  | | |
| **Utilization Rate** | | |  | | | | |  | | | | | |  | | |
| **Success Rate** | | |  | | | | |  | | | | | |  | | |
| **Withdrawal Rate** | | |  | | | | |  | | | | | |  | | |
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| **2.2 Course Trends:** Please describe and highlight course trends for the following course types and compare to college-level data. | | | | | | | | | | | | | | | | |
|  | | **Course Level Trends** | | | | | | | | **College Level Trends** | | | | | | |
|  | | **Increase** | | **Decrease** | | **Steady/**  **No Change** | | | | **Increase** | | **Decrease** | | | | **Steady/**  **No Change** |
| **Face to Face** | |  | |  | |  | | | |  | |  | | | |  |
| **Online** | |  | |  | |  | | | |  | |  | | | |  |
| **Hybrid** | |  | |  | |  | | | |  | |  | | | |  |
| **Dual Credit** | |  | |  | |  | | | |  | |  | | | |  |
| **Johnson County Campus** | |  | |  | |  | | | |  | |  | | | |  |
| **Hill County Campus** | |  | |  | |  | | | |  | |  | | | |  |
| **Other Sites** | |  | |  | |  | | | |  | |  | | | |  |
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| **2.3 Course Enrollment:** If there are particular courses that are not getting sufficient enrollment, are regularly cancelled due to low enrollment, or are not scheduled, discuss how your program is addressing this. Does course sequencing meet the needs of your students? | | | | | | | | | | | | | | | | |
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| **2.4 Does the data provide any trends for success and/or completion of the course?**  Please provide discussion on opportunities to increase student success and course completion. | | | | | | | | | | | | | | | | |
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| **Section 3: Student Learning** | | | | | | |  | | |  | | | |
| **3.1 Student Learning Outcomes (SLOs): Does meaningful dialogue currently take place in shaping, evaluating and assessing your program’s SLOs?** | | | | | | | | Yes | | | No | | |
|  | | | | | | | | | | | | | |
| **3.1.1- If no, please discuss what is missing and/or the obstacles to ensuring meaningful dialogue takes place.** | | | | | | | | | | | | | |
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| **3.2 Course-level: How has assessment and reflection of course-level SLOs and course completion data led to course-level changes?** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **3.2.1 If your Student Learning Outcomes at the course-level are not being met, please indicate your program objectives aimed at addressing this.** | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | |
| **3.3 Program-Level: How has assessment and reflection of program-level Student Learning Outcomes led to certificate/degree program changes and/or improvements?** | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | |
| **3.4 Discuss how and when the degree plan(s) is reviewed for ACGM/WECM compliance? How does the program align offerings to stay current up with optimal transferability and/or workforce needs?** | | | | | | | | | | | | | |
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| **3.5 What is being done at the program-level to assist students in achieving degree/certificate completion and/or transferring to a four-year institution?** | | | | | | | | | | | | | |
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| **3.6 What discussion occurs around end of course student evaluations?** | | | | | | | | | | | | | |
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| ***If your department has a Workforce/CTE program please continue completing Section 4.***  ***If your department does not have a Workforce/CTE program, please skip to Section 5.*** | | | | | | | | | | | | | |
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| **Section 4: Workforce/CTE Programs**: Complete the following related to Workforce/CTE programs only. | | | | | | | | | | | | | |
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| **Perkins Core Indicator (Perkins Dashboard)** | | | | | | | | | | | | | |
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| **4.1 Does the program meet 1P1: licensure testing rates set by Perkins and/or another state agency?** | | | | | | | | | Yes | | | No | Does Not Apply |
|  | If no, what activities are in place to increase licensure passing rates? | | | | | | | | | | | | |
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| **4.2 Does the program meet 2P1: graduation numbers set by the Perkins Grant?** | | | | | | | | | Yes | | | No |  |
|  | If no, what activities are in place or planned to increase graduation? | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
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| **4.3 Does the program meet 4P1: employment placement rates set by the Perkins Grant?** | | | | | | | | | Yes | | | No |  |
|  | If no, what activities are in place or planned to increase employment rates? | | | | | | | | | | |  |  |
|  |  | | | | | | | | | | | | |
|  | | | | | | | | |  | | |  |  |
| **4.4 Does the program meet 5P1: Nontraditional Participation Percent set by Perkins?** | | | | | | | | | Yes | | | No | Does Not Apply |
|  | If no, what activities are in place or planned to increase nontraditional participation? | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
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| **4.5 Does the program meet 5P2: Nontraditional Completion Percent set by Perkins?** | | | | | | | | | Yes | | | No | Does Not Apply |
|  | If no, what activities are in place or planned to increase nontraditional completion? | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
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| **4.6 What is the regional projected occupational growth in your field (Workforce Data)?** | | | | | | | | | | | | | |
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| **4.7 What is being done on the program-level to assist students with job placement and workforce preparedness?** | | | | | | | | | | | | | |
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| **4.8 How does the program ensure meaningful business and industry participation?** | | | | | | | | | | | | | |
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| **Section 5: Summary of Program Objectives & Resource Request** | | | | | | | | | | | | | | | | | |
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| **Past Program Objectives:** Please list program objectives from past program reviews and provide an update by checking the appropriate status box. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **5.1 Does the program have any past objectives/goals beyond SLOs, CTE Measures, etc?** | | | | | | | | | | | | Yes | | | No | | | |
|  |  | | |  | | | |  |  | | | | | | | | | |
| **5.1.1 If yes, please provide the objective/goal information below:** | | | | | | | | | | | | | | | | | | |
| **Objective** | | | **Goal For?** | | | | **Completed** | | | | **Ongoing** | | | **No Longer a Goal** | | | |
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| **5.1.2: Please comment on any challenges or obstacles with ongoing past objectives:** | | | | | | | | | | | | | | | | | |
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| **5.1.3: Please provide rationale behind any objectives that are no longer a priority for the program.** | | | | | | | | | | | | | | | | | |
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| **5.2 Resource Request.** Summarize any of the program’s current unfunded needs. | | | | | | | | | | | | | | | | | |
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| **5.2.1 For any resources listed above, use the table below to describe the resource needed.** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Resource Request Description** | | **Amount** | | | **Type of Resource Request** | | | | | | | | | | | | |
| **Full-Time Faculty/**  **Staff Position** | **Part-Time Faculty/**  **Staff Position** | | | | **One Time Budget Item** | | | **On-Going Budgeted Item** | | | | **Facilities and Equipment** |
|  | |  | | |  |  | | | |  | | |  | | | |  |
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| **5.2.2 In addition to the above resource request, do you recommend any redistribution of staff or faculty?** | | | | | | | | | | | | **Yes** | | | | **No** | |
|  | | | | | | | | | | | | | | | | | |
| **5.2.2.1 If yes, please describe the redistribution of staff or faculty**: Please list and provide rationale for requested reassign time/staffing. | | | | | | | | | | | | | | | | | |
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| **5.3 Please review the resource requests that were granted over the last three years (regular budget approved request and/or grant funding) and provide evidence that the resource allocations supported your objectives and led to student success.** | | | | | | | | | | | | | | | | | |
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| **Section 6: SWOT Analysis** | | | | | | | | | |
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| **6.1- Briefly list out program strengths, weaknesses, opportunities and threats.** | | | | | | | | | |
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|  | **Positive** | | | | **Negative** | | | | |
| **Internal** | **Strengths** | | | | **Weaknesses** | | | | |
|  | | | |  | | | | |
| **External** | **Opportunities** | | | | **Threats** | | | | |
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| **Section 7: Additional Feedback** |
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| **7.1. Prior Feedback:** Address the concerns or recommendation made in prior program review cycles or other departmental reviews, including and feedback from the Dean/VP, Institutional Effectiveness, etc.. |
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|  |
| **7.2 60x30TX State Strategic Planning:** Address any communication involving your departments roll or focus in the 60X30TX plan |
|  |
| **7.3 Hill College Mission:** Provide information regarding dialog in the department regarding how the program aligns to the Mission. |
|  |
| **7.4 Summary:**  What else would you like to highlight about your program (example- innovative initiatives, collaborations, community service/outreach projects, etc…)? |
|  |
| **7.5 Where do you see your program in 5 years?** |
|  |