



INSTRUCTIONAL PROGRAM REVIEW

SECTION I: PROGRAM DATA & ENROLLMENT

1. Departmental Level Data

	2017-2018	2016-2017	2015-2016
Enrollment			
Contact Hours			
Graduates			

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)?

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

	Program-Level Trend			College-Level Trend		
	Increase	Decrease	Steady/No Change	Increase	Decrease	Steady/No Change
African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Program-Level Trend			College-Level Trend		
	Increase	Decrease	Steady/No Change	Increase	Decrease	Steady/No Change
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18-25 Years Old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 25 Years Old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.3 How does the data show a trend that could be an opportunity for growth?



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Section 2: Course Completion & Program Improvement

2.1 Course Success

	2017-2018	2016-2017	2015-2016
Contact Hours			
Number of Sections Offered			
Number of Section Made			
Utilization Rate			
Success Rate			
Withdrawal Rate			

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hybrid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Johnson County Campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hill County Campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?

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.

2.5 Student Learning Outcomes (SLOs): Does meaningful dialogue currently take place in shaping, evaluating and assessing your program's SLOs? Yes No

2.5.1- If no, please discuss what is missing and/or the obstacles to ensuring meaningful dialogue takes place.



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2.6 Course-level: How has assessment and reflection of course-level SLOs and course completion data led to course-level changes?

2.6.1 If your Student Learning Outcomes at the course-level are not being met, please indicate your program objectives aimed at addressing this.

2.7 Program-Level: How has assessment and reflection of program-level Student Learning Outcomes led to certificate/degree program changes and/or improvements?

2.8 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?

2.9 What is being done at the program-level to assist students in achieving degree/certificate completion and/or transferring to a four-year institution?

*If your department has a Workforce/CTE program please continue completing Section 2.
If your department does not have a Workforce/CTE program, please skip to Section 3.*



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Section 2: Workforce/CTE Programs: Complete the following related to Workforce/CTE programs only.

2.10 Perkins Core Indicator (Perkins Dashboard)

2.10.1 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?

2.10.2 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?

2.10.3 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?

2.10.4 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?

2.10.5 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?

2.11 What is the regional projected occupational growth for your program?

2.12 What is being done on the program-level to assist students with job placement and workforce preparedness?

2.13 How does the program ensure the program continues to have meaningful business and industry participation?



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Section 3: Summary of Program Objectives & Resource Request

3: Past Program Objectives: Please list program objectives from past program reviews and provide an update by checking the appropriate status box.

3.1 Does the program have any past objectives/goals beyond SLOs, CTE Measures, etc? Yes No

3.1.1 If yes, please provide the objective/goal information below:

Objective	Goal For?	Completed	Ongoing	No Longer a Goal
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.1.2: Please comment on any challenges or obstacles with ongoing past objectives:

3.1.3: Please provide rationale behind any objectives that are no longer a priority for the program.

3.2. Resource Request. Summarize any of the program’s unfunded needs.

3.2.1. 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
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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3.2.2 In addition to the above resource request, do you recommend any redistribution of staff or faculty? Yes No

3.2.3. If yes, please describe the redistribution of staff or faculty: Please list and provide rationale for requested reassign time/staffing.

3.2.4 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 4: SWOT Analysis

4.1- Briefly list out program strengths, weaknesses, opportunities and threats.

	Positive Strengths	Negative Weaknesses
Internal	<ul style="list-style-type: none">•	<ul style="list-style-type: none">•
External	Opportunities	Threats
	<ul style="list-style-type: none">•	<ul style="list-style-type: none">•



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Section 5: Additional Feedback

5.1. 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..

5.2. Summary: What else would you like to highlight about your program (example- innovative initiatives, collaborations, community service/outreach projects, etc...)?