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| **WHY DO A PROGRAM REVIEW?** |

As a part of accreditation, the Higher Learning Commission (HLC) requires institutions to have an established process to regularly review all programs. Every institution is allowed the latitude to develop and administer a review process that is suited to the institution’s unique circumstances and needs.

The ICCB requires all instructional programs and all student and academic support services to conduct a program review at least once every five years. The program review process should…

* Examine the need for the program, its quality, and its cost of operation.
* Involve employees of the unit as well as individuals not employed in the unit.
* Examine current information and data.
* Produce results that are considered in campus planning, quality improvements, and budget allocation decisions.

The College’s annual program review report to the ICCB comes from the approved program reviews.

The purpose of Sauk’s program review process is to promote continuous improvement and to link those improvements to other internal processes, including curriculum development, assessment, budgeting, facility planning, and to the strategic plan through operational plans.

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| **TIMELINE** |
| April/May | Units informed that they are scheduled to conduct a program review in the fall |
| Beginning of the fall semester | Program review orientation sessions conducted |
| Fall semester | Units conduct their program reviews |
| **December 1** | **Program reviews are due** |
| Early Spring semester | Unit’s administrator and the Program Review Committee will consider program reviews, request revisions, and approve final reviews |
| April 1 | Equipment Requests, Personnel Change Requests, and Major Project Requests from *approved* program reviews, will be forwarded for consideration in the budget allocation process |
| End of spring semester | Instructional units submit next year’s operational plans, including all activities identified in the program review |
| Early July | Student and academic support services submit next year’s operational plans, including all activities identified in the program review |

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| **INSTRUCTIONS** |

* The program review is to be conducted by a team of 5 to 10 individuals consisting of the following:
	+ Department/unit staff
	+ Department/unit administrator
	+ 1 or 2 employees not part of the department
	+ 1 or 2 students
	+ 1 or 2 community members/non-SVCC employees
* Use this document as a template. Do not use alternate formats.
* Complete all items on all pages
* The ICCB Best Practices Report may describe the entire unit or a specific practice. *This is the only optional component* of the program review
* Insert the names of the program review team on the Signatures and Approval page
* Complete any appropriate request forms:
	+ Equipment Request
	+ Personnel Change Request
	+ Major Project Request
	+ Request forms are available in *FAST* under *Documents and Forms*
	+ Requests will be forwarded to the budget allocation process, *after all program review revisions have been submitted and the review has been approved by the Program Review Committee*. The requests will not be forwarded to the budgeting process until the Committee informs the unit that the review has been approved.
* The approval process:
	+ Submission of the review alone does not constitute approval
	+ The Program Review Committee may request additional analysis, clarification, or information, and will not approve the review until it is satisfied that its requests have been addressed
		- Reviews must be *approved by April 1* for requests to be forwarded for budgetary consideration
	+ The program administrator may request a meeting to discuss the review and/or request modifications, and approves the review after the Committee approves it
	+ The President provides the final approval of every review

QUESTIONS: Contact the Program Review Committee Chair, Janet Lynch, with any questions regarding your program review.

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| **HOW to SUBMIT the PROGRAM REVIEW** |

* Program reviews are due on December 1
* The program review, appropriate request documents, and any other support documents should be submitted as an e-mail attachment to:
	+ The program’s immediate administrative supervisor (dean or vice president), *and*
	+ The chair of the Program Review Committee, Janet Lynch.
* A printed copy of the review *is not required*, and is discouraged.
* A printed copy of the Signatures and Approval page, with signatures from all team members, should be sent to the Program Review Committee Chair, Janet Lynch.

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| **ALIGNMENT WITH THE COLLEGE MISSION** |

**College Mission**

Sauk Valley Community College is an institution of higher education that provides quality learning opportunities to meet the diverse needs of its students and community.

**College Vision**

Sauk Valley Community College will be recognized as a benchmark institution of higher education that provides exceptional learning opportunities in response to the diverse needs of its students and community.

**Program Mission**

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| **VIABILITY COMPONENT**The viability component focuses on quantitative analysis and the need for the program. |

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| **SECTION A: ENROLLMENT & COMPLETION DATA**Additional resources: Enrollment & completion dataOperational Plans |

Cross-disciplinary areas differ from other instructional programs in the types of programs and services that are offered, the basis for determining success, and what is generated by enrollment. In this section you are to identify and insert into **Table 1**, the primary programs offered and the pertinent viability components. Note: You will track and report on the same items in future annual reviews and program reviews.

1. Identify all of the primary programs of the cross-disciplinary area (i.e. ABE, ESL, customized training, public workshops, etc) and replicate TABLE 1 (below) for each program.
2. What constitutes a successful student completion (i.e. passing grades, post-test scores, etc)? In TABLE 1, replace *Successful Completions* with these terms. Add rows if there are multiple ways to determine successful completion.
3. What does the program generate (i.e. credit hours, units of instruction, income, etc)? In TABLE 1, replace *Generation* with this term. Add rows if there are multiple items that are generated.
4. Insert annual data to complete each table.

|  |
| --- |
| **Table 1** |
| Program:  |
|  | FY06 | FY07 | FY08 | FY09 | FY10 | Total |
| a | Enrollment | 68 | 58 | 87 | 93 | 73 | 389 |
| b | *Successful completions*  | 10 | 10 | 8 | 14 | 7 | 49 |
| c | *Generation* |  |  |  |  |  |  |
| d | Income |  |  |  |  |  |  |
| e | Expenses |  |  |  |  |  |  |
| f | Net (income – expenses) |  |  |  |  |  |  |

1. Describe the five-year enrollment trends

|  |
| --- |
| Average student enrollment over the past five years has been 77.5 students. |

1. Describe the five-year retention trends

|  |
| --- |
| Specific retention data has not been collected on this student population. |

1. Describe the efforts to increase enrollment and to improve retention conducted since the last program review. Indicate how frequently each effort was conducted during the past five years.

|  |
| --- |
| Since this is a new program review category for SVCC, specific enrollment and retention efforts have not been implemented. It is the recommendation of the program review committee that new methods for recruiting and evaluating student retention be implemented over the next five years. |

1. Describe what will be done to improve the enrollment and retention trends during the next five years.

|  |
| --- |
| This will be determined through faculty and administration input at a later date. |

1. Summarize the activities identified above in the operational plan (under Goal 1 or 2). Indicate below if activities will be included in the operational plan.

|  |
| --- |
|  Activities will be included in the operational plan. X Activities will not be included in the operational plan. |

|  |
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| **SECTION B: PROGRAM FINANCE** |

1. Describe the five-year income and expense trends.

|  |
| --- |
| N/A |

1. Describe what was done to improve the program’s financial viability during the past five years.

|  |
| --- |
| Since this is a new program review category, no data exists for this item. |

1. Describe the program’s efforts to go “green” during the past five years.

|  |
| --- |
| Outside of established institutional recommendations towards recycling, no formal process has been put into place that is specifically oriented towards “green” initiatives. |

1. Describe new efforts for the program to go “green” during the next five years.

|  |
| --- |
| This will be determined through faculty and administration input at a later date. |

1. Describe how the program’s financial viability may be improved.

|  |
| --- |
| N/A |

1. Summarize the activities identified above in the operational plan (under Goal 3). Indicate below if activities will be included in the operational plan.

|  |
| --- |
| \_\_\_\_\_ Activities will be included in the operational plan. X Activities will not be included in the operational plan. |

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| **QUALITY COMPONENT**The quality component focuses on qualitative analysis and issues. |

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| **SECTION C: COURSE SCHEDULING** |

1. Describe how classes are sequenced and scheduled.

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| --- |
| Science and mathematics courses are scheduled that allow pre-professional students to enroll in both lecture and lab sections without time conflicts. Sequences of required science courses are in place that allows a pre-professional student the opportunity to complete their required courses over a four semester (two year) period of time. |

1. Describe how long it takes a student to complete this program, ***OR*** indicate “There is no completion milestone.”

|  |
| --- |
| If the student enters Sauk in the fall semester with no remedial courses in mathematics or the natural sciences, they can complete the degree in two years. |

1. Describe scheduling changes that may be needed during the next five years and the rationale for the changes.

|  |
| --- |
| None needed at this time. |

1. Summarize activities that the department will perform to correct scheduling problems and make future scheduling changes in the operational plan (under Goal 1 or 2). Indicate below if activities will be included in the operational plan, ***AND/OR*** if issues have already been corrected.

|  |
| --- |
|  Activities will be included in the operational plan. Activities will not be included in the operational plan. X Issues have already been corrected. |

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| **SECTION D: CURRICULUM: COURSE OUTLINES** |

1. Have 100% of course outlines been reviewed and updated at least once during the past five years?

|  |
| --- |
|  Yes X No\_\_\_\_\_ Not applicable |

1. Are 100% of course outlines and syllabi aligned?

|  |
| --- |
|  Yes X No Not applicable |

1. Summarize activities to correct any course outline issues in the operational plan (under Objective 1.1 or 1.3). Indicate below if activities will be included in the operational plan, ***AND/OR*** if issues have already been corrected.

|  |
| --- |
|  X Activities will be included in the **department’s** operational plan. Activities will not be included in the operational plan. Issues have already been corrected. |

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| --- |
| **SECTION E: CURRICULUM: ASSESSMENT**Resources: Assessment folder  |

1. Describe the assessment activities for each program.

|  |
| --- |
| Outside of traditional assessment activities for the courses included in the natural sciences department, no specific assessment protocols have been put into place that is unique to the pre-professional curriculum. |

1. Describe any curricular changes ensuing from assessment, which were made during the past five years, and the positive and/or negative results of those changes, ***OR*** indicate “None.”

|  |
| --- |
| None. |

1. Summarize activities related to assessment issues in the operational plan (under Objective 1.1). Indicate below if activities will be included in the operational plan.

|  |
| --- |
|  X Activities will be included in the operational plan. Activities will not be included in the operational plan. |

|  |
| --- |
| **SECTION F: CURRICULUM: CURRICULAR CHANGES**Resources: Assessment Summary Reports Operational Plans |

1. Describe any curricular changes made during the past five years, and the positive and/or negative results of those changes, ***OR*** indicate “None.”

|  |
| --- |
| None. |

1. Describe possible changes in transfer requirements or content that may be ***imposed*** on the program during the next five years, ***OR*** indicate “None.”

|  |
| --- |
| None are known of at this time. |

1. Describe anticipated curricular changes that the department will propose during the next five years and the accompanying needs that will be required, or indicate “None.”

|  |  |  |  |
| --- | --- | --- | --- |
| **Curricular Changes** | **Equipment and/or Supply Needs** | **Facility Needs** | **Personnel and/or Training Needs** |
|  | Cadaver for student taking major’s level anatomy and physiology courses (BIO 109 and BIO 110). | Architects have provided a master plan to the college for renovations of the science classrooms and laboratories. These renovations are scheduled to occur during the next five year period. |  |
|  |  |  |  |
|  |  |  |  |

1. Summarize activities that the department will perform to make curricular changes in the operational plan (under Objective 1.1; 1.2; or 1.3). Indicate below if activities will be included in the operational plan.

|  |
| --- |
|  Activities will be included in the operational plan. X Activities will not be included in the operational plan. |

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| **SECTION G: FACULTY & STAFF** |

1. Have 100% of staff and full-time faculty participated in professional development during the past 5 years?

|  |
| --- |
|  Yes, skip to question 32 X No, continue with question 31 |

1. Describe what can be done to assure that 100% of staff and full-time faculty participate in professional development during the next 5 years?

|  |
| --- |
| Funding has been restricted by the college. An increase in professional development travel funding would provide for educational opportunities that are not currently options at this time. |

1. Will staff and full-time faculty need any *specialized* professional development in the next 5 years?

|  |
| --- |
|  Yes, continue with question 34 X No, skip to question 33 |

1. Summarize the *specialized* professional development what will be needed, who will participate and estimated expenses.

|  |
| --- |
| N/A |

1. Describe any proposed staffing changes along with a rational; indicate any announced retirements, and submit a completed *Personnel Change Request* form, or indicate “None.”

|  |
| --- |
| None needed at this time. |

1. Summarize activities that the department will perform to assure that 100% of staff and full-time faculty participate in professional development during the next 5 years and staffing changes described above, in the operational plan in the operational plan (under Goal 1 or 2); Indicate below if activities will be included in the operational plan, and indicate if a completed *Personnel Change Request* is attached.

|  |
| --- |
|  X Activities will be included in the **individual department’s** operational plan. Activities will not be included in the operational plan. A completed *Personnel Change Request* accompanies this program review. |

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| **SECTION H: EQUIPMENT AND SUPPLIES** |

1. Identify current deficiencies in equipment, software, and/or supplies that negatively impact the program, ***OR*** indicate “None.”

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| --- |
| None |

1. Identify new and/or replacement equipment, software, and/or supplies which are anticipated during the next five years, with cost estimates, ***OR*** indicate “None.” Do not include items associated with the curriculum changes noted in Section F.

|  |
| --- |
| None |

1. Summarize activities to acquire the needed equipment, software, and supplies as described above in the operational plan (under Goal 1 or 2), ***OR*** submit a completed *Equipment Request Form*. Indicate below if activities will be included in the operational plan, and if an *Equipment Request Form* is attached.

|  |
| --- |
|  Activities will be included in the operational plan. X Activities will not be included in the operational plan. A completed *Equipment Request Form* accompanies this program review. |

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| **SECTION I: SUPPORT SERVICES** Definition: College services that are *specific to this program*, which are utilized by students outside of the classroom (i.e. tutoring in the LAC, special materials in the LRC, etc) |

1. Describe the program specific support services that are currently available to students, ***OR*** indicate “None.”

|  |
| --- |
| Counseling/academic advising, and the LAC. |

1. Describe gaps in the program specific support services that currently available and identify possible solutions, ***OR*** indicate “None.”

|  |
| --- |
| None |

1. Describe any changes in the need for support services that are anticipated to occur during the next five years, ***OR*** indicate “None.”

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| --- |
| None |

1. Summarize activities to expand or correct the gaps in support services as described above in the operational plan (under Goal 1 or 2). Indicate below if activities will be included in the operational plan.

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| --- |
|  Activities will be included in the operational plan. X Activities will not be included in the operational plan. |

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| **SECTION J: MARKETING**Definition: Systematic efforts aimed at attracting students to the program. |

1. Not including the catalog and program brochure, describe how the program has been promoted and marketed during the past five years, and the frequency that each promotional or marketing activity has been done.

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| --- |
| The only marketing has been the development of the program brochure. No other specific marketing has taken place. |

1. Describe how the program can be better promoted and marketed.

|  |
| --- |
| Feature articles in the local newspapers highlighting past graduates and current students enrolled in the pre-professional studies career areas. |

1. Summarize activities to better promote and market the program as described above in the operational plan (under Objective 1.2 or Goal 3). Indicate below if activities will be included in the operational plan.

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|  Activities will be included in the operational plan. X Activities will not be included in the operational plan. |

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| **SECTION K: STUDENT INPUT**Definition: Formal and informal efforts aimed at obtaining student opinions and suggestions for improving the program. |

1. Describe the formal and informal efforts to obtain student input, the frequency of each effort, what was learned, and changes that were made ***OR*** indicate “Not applicable.”

|  |
| --- |
| Not applicable at this time. |

1. Describe the formal and informal efforts to obtain student input that will be attempted during the next five years ***OR*** indicate “None are planned.”

|  |
| --- |
| None are planned at this time. |

1. Summarize activities to obtain student input as described above in the operational plan (under Goal 1 or 2). Indicate below if activities will be included in the operational plan.

|  |
| --- |
|  Activities will be included in the operational plan. X Activities will not be included in the operational plan. |

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| **SECTION L: NON-STUDENT INPUT**Definition: Formal and informal efforts aimed at obtaining information regarding program content and improvement from informed sources other than students, for the purpose of keeping the program current and relevant (e.g. community surveys, meeting with other departments, meeting with colleagues from other colleges).Additional resources: Operational plans |

1. Describe the formal and informal efforts to obtain input, the frequency of each effort, what was learned, and changes that were made ***OR*** indicate “Not applicable.

|  |
| --- |
| University course articulation and program brochures provided to the counseling/advising office. Counselors and academic advisors attending university articulation conferences. |

1. Describe the formal and informal efforts to obtain non-student input that will be attempted during the next five years ***OR*** indicate “None are planned.”

|  |
| --- |
| Other than current procedures, no new efforts are expected over the next five years. |

1. Summarize plans to obtain input from non-student sources described above in the operational plan (under Goal 1, 2, or 4). Indicate below if activities will be included in the operational plan.

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| --- |
|  Activities will be included in the operational plan. X Activities will not be included in the operational plan. |

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| **SECTION M: NEED AND GROWTH POTENTIAL** |

1. What is the projected level of need for the program, during the next five years?

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| --- |
|  X Growing need Level need Declining need |

1. List the top five priorities to strengthen the program during the next five years. (These should be related to items discussed above)

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| --- |
| 1. Program marketing.
2. Continuance of university articulation conferences.
3. Development of 2+2 agreements with universities and colleges.
4. Remodeling of the sciences laboratory space.
5. Increase in faculty development funds.
 |

1. Summarize plans to address the top five priorities in the operational plan. Indicate below if activities will be included in the operational plan.

|  |
| --- |
|  Activities will be included in the operational plan. X Activities will not be included in the operational plan. |

**CROSS-DISCIPLINARY PROGRAM REVIEW SUMMARY REPORT**

**Required ICCB Program Review Report**

**Sauk Valley Community College Academic Year 2010 – 2011**

|  |  |
| --- | --- |
| **Discipline Area** | Medical Program (0510) |

**Improvements & Rationale for Action**

|  |
| --- |
| Since this is new program no improvement data exists at this time. |

**Principle Assessment Methods Used in Quality Assurance for this Program**

⁭ Standardized assessments

⁭ Certification and licensure examination results

⁭ Writing samples

⁭ Portfolio evaluation

⁭ Course embedded questions

⁭ Student surveys

⁭ Analysis of enrollment, demographic and cost data

⁭ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statewide Program Issues (if applicable)**

|  |
| --- |
| None are known at this time. |

**CROSS-DISCIPLINARY PROGRAM REVIEW SUMMARY REPORT**

**Required ICCB Program Review Report**

**Sauk Valley Community College Academic Year 2010 – 2011**

|  |  |
| --- | --- |
| **Discipline Area** | Physical Therapy/Occupational Therapy Program (0830) |

**Improvements & Rationale for Action**

|  |
| --- |
| Since this is new program no improvement data exists at this time. |

**Principle Assessment Methods Used in Quality Assurance for this Program**

⁭ Standardized assessments

⁭ Certification and licensure examination results

⁭ Writing samples

⁭ Portfolio evaluation

⁭ Course embedded questions

⁭ Student surveys

⁭ Analysis of enrollment, demographic and cost data

⁭ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statewide Program Issues (if applicable)**

|  |
| --- |
| None are known at this time. |

**BEST PRACTICES REPORT**

**Optional ICCB Program Review Report**

**Sauk Valley Community College Academic Year 2010 – 2011**

**Title of Best Practice**

|  |
| --- |
| No best practices exist at this time. |

**Programmatic Area**

⁭ Academic Discipline

⁭ Career and Technical Education

X Cross-Disciplinary

⁭ Student & Academic Support Services

**Description of the innovation/best practice (150 word limit)**

|  |
| --- |
| None are available at this time due to newness of program. |

**What are the results/measurable outcomes?**

|  |
| --- |
| None are available at this time due to newness of program. |

**Contact Information**

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| --- |
| Sauk Valley Community CollegeName & Title: Thomas BreedPhone Number: 815-835-6390E-mail Address: breedt@svcc.edu |

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| **SIGNATURES and APPROVALS** |

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| **Names and Signatures of the Program Review Team** Add lines if neededSignatures indicate that team members concur with the findings of the program review. |
| **Names** (Indicate chair/co-chairs) | **Signatures** |
| Luis Moreno, Dean of Students |  |
| Thomas Breed, Coordinator of Veterans Services |  |
| David Edelbach, Chemistry Faculty |  |
| David Breed, Biology Faculty |  |
| Brad Smith, Biology Faculty |  |
| Professional  | N/A |
| Student  | N/A |

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| --- |
| **Program Review Committee** |
| This Program Review is complete and acceptable. |  |
| This Program Review is complete but the conclusions ***are not*** fully substantiated. |  |
| This Program Review is incomplete and unacceptable. |  |
| Comments are attached (optional) |  |
| Program Review Committee Chair/Co-Chair |  |
| Date |  |
| Program Review Committee Co-Chair |  |
| Date |  |

|  |
| --- |
| **Administrative Approvals** Administrative signatures indicate an acceptance of the program review |
| Program Administrator |  |
| Academic Vice President |  |
| President |  |