

Five Year Program Review Wireframe

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SACS Five Year Program Review

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Program review is part of the ongoing assessment and planning process at Richmond Community College. The program review is intended to provide a structured opportunity for faculty members to reflect on pedagogy, the role and effectiveness of the program, and institutional priorities. Specifically, the purposes of the Five-Year Program Review are to:

- 1) make use of the available data to determine the viability and effectiveness of programs (this includes assessing program and student learning outcomes) leading to appropriate program modification,
- 2) enhance student learning (prepare graduates to satisfy employers' needs or to be successful in their pursuit of a bachelor's degree), and
- 3) improve teaching (which includes things such as professional development, identification of current best practices, determining appropriate resources, and providing appropriate physical environments).

This Web portal provides data and a guide for reflection. After the forms are complete, it must be submitted to the Dean of Institutional Effectiveness and Accountability and to the Vice President for Instruction. The data will be reviewed and posted to the appropriate place on RCC's webpage.

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Program Name and Code:

Degree, Diplomas and/or Certificates Offered:

1.1 Lead Instructor

Name	FT or PT	Degrees, Training, or Academic Credential	Date Received	Institution Awarding Credential	Courses Taught	Professional Affiliations	Start Date	End Date

1.1 Instructors

Name	FT or PT	Degrees, Training, or Academic Credential	Date Received	Institution Awarding Credential	Courses Taught	Professional Affiliations	Start Date	End Date

Have all faculty credentials been verified and meet SACSCOC requirements found on the [SACSCOC website](#)?

☐ Yes and meet requirements

☐ Yes and do not meet requirements (Please put justification below)

Attach supporting documentation (in Word or PDF format)

Upload

Part2

SACS Five Year Program Review

Part 1: Program Identification	<p>Download the most current NCCCS program curriculum standard and attach to this document. Verify that the program description listed in the catalog is correct and then click on the check box below to change to checked. (If not correct, change text to indicate the correction was made).</p> <div style="margin-top: 20px;"> <input type="checkbox"/> The current catalog description has been verified as correct. <input type="checkbox"/> The pre-requisites has been verified as correct. <input type="checkbox"/> The current catalog description is incorrect, changes are below. <input type="checkbox"/> The current pre-requisites are incorrect, changes are below. </div> <div style="border: 1px solid black; height: 50px; margin-top: 10px;"></div>
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NCCCS program curriculum standard

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Use the data provided to indicate trends (e.g., steady, increasing, decreasing, etc.) for each of the following measures.

Year	Fall Enrollment			Spring Enrollment			Summer Enrollment		
	Total	DL Total	Non-DL Total	Total	DL Total	Non-DL Total	Total	DL Total	Non-DL Total
2014-2015									
2013-2014									
2012-2013									
2011-2012									
2010-2011									

Demographics

		2014-2015	2013-2014	2012-2013	2011-2012	2010-2011
Total Enrollment		2 Semester Average	2 Semester Average	2 Semester Average	2 Semester Average	2 Semester Average
Gender	Female					
	Male					
Ethnicity	White					
	Black					
	American Indian/Alas					
	Unknown					
	Hispanic					
	Multiple					
Average Age	Asian					
	Hawaiiin/Pacific Islander					
	Female					
	Male					
	All					
	Age Average					
Age Average	0-17					
	18-19					
	20-21					
	22-24					
	25-29					
	30-34					
	35-39					
	40-49					
	50-64					
	65+					
Load (as of census date)	FT					
	PT					
Degree Level	Associate					
	Diploma					
	Certificate					
	College Transfer Path					
	Transitional					
Resident County	Richmond					

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Course Level

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Student Learning Outcomes					

4.1

Using the results from your program/department's recent assessment reports, please summarize any pedagogical or curricular changes that have been made as a result of your course assessments.

4.2

Are there problem areas still needing to be addressed?

4.3

Do you feel this is still the most effective Student Learning Objective(s)? Why or Why not?

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Graduation and Retention Rate

Year	Fall Enrollment		Spring Enrollment		Summer Enrollment		Annual Student FTE
	Pass Rate Fall	GPA	Pass Rate Spring	GPA	Pass Rate Summer	GPA	
2014-2015							
2013-2014							
2012-2013							
2011-2012							
2010-2011							
Year	Cohort	Graduated	Returned (Not Graduated)	Graduated/Returned Total		Graduation/Retention Rate	
2014 Fall to 2015 Fall							
2013 Fall to 2014 Fall							
2012 Fall to 2013 Fall							
2011 Fall to 2012 Fall							
2010 Fall to 2011 Fall							

Degrees, Diplomas, and Certificates Earned

Year	Degree	Diploma	Certificate	Total
2014-2015				
2013-2014				
2012-2013				
2011-2012				
2010-2011				

5.1 According to your enrollment management plan, what is the target enrollment for this program? [Enrollment Mgmt](#)

5.2 What recruitment activities or strategies are you participating in for this program?

5.3 What retention activities/strategies have you incorporated for this program?

Employment (Data)

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
% of graduates employed after 1 year (total)					
Degrees					
Diplomas					
Certificates					
Mean annual wages after 1 year					
Degrees					
Diplomas					
Certificates					
Median annual wages with 25th to 75th percentile range					
Degrees					
Diplomas					
Certificates					

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6.1

Based on the data and analysis presented above, as well as on issues or items that you were unable to discuss above, comment on the strengths and opportunities for improvement of the program.

Strengths:

Using the results from your program/department's recent assessment reports, please summarize any pedagogical or curricular changes that have been made as a result of your course assessments.

Opportunities for Improvement

List the opportunities for improvement of your program

6.2

Using the trends and assessment outcomes as a basis for your comments, please briefly describe any future plans and/or modifications for program/department improvements. Any plans for reorganization should also be included, along with a resource request if applicable.

Plans or Modifications	Anticipated Changes/Improvements	Link to SLOs, Mission, and/or Strategic Directives	Does this have a Cost ?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach supporting documentation (in Word or PDF format)

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Part 7A Accrediting or Licensing Agencies (required only if the academic program is licensed or accredited by an agency or organization in addition to the institutional accreditation maintained with SACS)

7A.1 Is accreditation, approval, or licensing mandated or encouraged for your program?

☐ Yes ☐ No ☐ Under consideration

Accrediting/Licensing /Approval Entity	Reaffirmation or Renewal Date	Associated Annual Expenses*	Faculty Primarily responsible for maintaining Licensing, approval, or accreditation

*Include all costs such as required professional development, conference participation for faculty and/or students, site visits, annual fees, etc.

7A.1 Does approval, licensing, accreditation, or reaffirmation require site visits?

☐ (Go to 7A.1b) ☐ No (Go to 7A.3)

7A.1a If so, how often?

7A.1c Please attach documentation of associated accrediting or licensing requirements below.

Upload

7A.1d If your program is considering seeking NEW accreditation or licensing within the next three academic years, please include the following information:

Accrediting/Licensing /Approval Entity	Reaffirmation or Renewal Date	Associated Annual Expenses*	Faculty Primarily responsible for maintaining Licensing, approval, or accreditation

*Include all costs such as required professional development, conference participation for faculty and/or students, site visits, annual fees, etc.

7A.2 Does approval, licensing, accreditation, or reaffirmation require site visits? If so, how often?

7A.3 Please attach documentation of associated accrediting, approval, or licensing requirements below.

Upload

7B.1 Do you feel this is still the most effective Student Learning Objective(s)? Why or Why not?

Year	Major Requested Expenditures
2014-2015	
2013-2014	
2012-2013	
2011-2012	
2010-2011	

*If more detailed information is needed, please check with the Business Office.

7B.2 Budget Analysis of Projected Needs:

Notes: Do not include baseline-operating expenses that you have received year-in and year-out. Assume your program will continue to receive a base budget consistent with past years as reported in the table above.

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Current members of your advisory committee.

Name	Title/Occupation	Affiliation	Contact Information	Year Joined

Please provide the following information regarding the activity of your program's advisory committee.

Year	# Of Meetings	# of Advisory Members Present
2014-2015		
2013-2014		
2012-2013		
2011-2012		
2010-2011		

Year	Significant Discussions
2014-2015	
2013-2014	
2012-2013	
2011-2012	
2010-2011	

Year	Recommendations for the program
2014-2015	
2013-2014	
2012-2013	
2011-2012	
2010-2011	

Please comment on your program's advisory committee and its activities.

Attach supporting documentation (in Word or PDF format)

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9.1 What recent activities, dialogues, discussions, etc. have occurred to promote student learning or improve program/department processes in the last year. Mark all that apply.

- ☐ Curricular development/revisions of courses
- ☐ Curricular development/revision of programs
- ☐ Increased or improved SLOs in courses or programs
- ☐ Other dialogue focused on improvements in student learning
- ☐ Documented improvements in student learning
- ☐ New degree or certificate development
- ☐ Best Practices Workshops
- ☐ Conference Attendance geared towards maintaining or improving student success
- ☐ Department attendance at Staff Development activity geared towards maintaining or improving student learning
- ☐ Program or Department Meeting minutes
- ☐ Reorganization

Other:

9.1a Please comment on the activities, dialogues, and discussion marked above.

9.2 Please provide an overall summary of your general impressions of and reflections on your program/department.

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