**Workforce Training & Community Education Division**

**2015-2016 Program Review**

***Reporting Years: 2012-2013, 2013-2014 & 2014-2015***

**Review Date:**

**Program Name:**

**Executive Director:**

**Program Lead:**

**Program Accreditation**

Last Accreditation Visit & Outcome:

Next Accreditation Visit:

**Program Demographics & Completion (Utilize IR Report to Report Three Year Average)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Male** | **Female** | **Age** | **# of Majors** | **Certificates Awarded** | **Degrees Awarded** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Comments:**

**Credit Hour Generation (Use Monthly Credit Hour Report)**

Compare credit hour information for the period October 2014 to October 2015 including all delivery locations & modes for the represented program. Comments should address growth opportunities and/or program challenges.

**Comments:**

**Program Certification Pass Rates (If Applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Certification Level** | **2012-2013** | **2013-2014** | **2014-2015** |
|  |  |  |  |

**Comments:**

**Program Faculty & Teaching Load (Utilize Faculty Load Report for Three Year Average)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Full-Time or Associate** | **Credit Hours Taught (Academic Year)** | **Credit Hours Generated (Academic Year)** |
|  |  |  |  |

**Comments:**

**Course Enrollment - Use Couse Enrollment Report & Program Curriculum Guide to Report Required CTE Coursework – Provide an Entry for Each Academic Year of the Three Year Reporting Period; Attach Report**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **AcadYear** | **SUBJ** | **CRSE** | **Title** | **# of Sections** | **Total Enrollment** | **Total Credit Hours** | **Locations** |
|  |  |  |  |  |  |  |  |

**Comments:**

**Program Finances**

Attach fiscal report and comment on fiscal stability, contributions or losses.

**Comments:**

**Program Curriculum**

Attach current curriculum guide and comment on suggested and/or planned curriculum changes including current and potential program delivery methods.

**Comments:**

**Marketing & Recruitment Activities**

Current marketing and/or recruitment activities; address planned enhancements

**Comments:**

**Program Goals**

**2014-2015 Goals - please list the goals submitted with last year’s program review and provide an update on implementation and/or achievement.**

**2015-2016 Goals - please list goals for this year’s program review. Goals are limited to three, measurable, “stretch” towards program growth and/or enhancement, achievable in one-two years and aligned when possible with the College’s core priorities/strategic plan goals. 2014-2015 may be included if gains were made; continued goals count towards goal limit.**

**What resources and/or support are needed to accomplish the goals?**

**What are the recommended actions to achieve the goals?**

**Who is responsible for the recommended actions?**

**Instructor/Coordinator Date**

**Director/Coordinator**  **Date**

**Executive Director Date**

**Program Review Summary**

**Dean’s Comments & Recommendations:**

**Follow-up Reports:**

**Follow-up Meetings:**

**Dean of Workforce Training & Community Education Date**