**2017-18 Program Review Questions**

**Year of Review:** The academic year selected should represent the year under review, not the year the review is being completed. (Example: In 2015/16 I will complete the review for 2014/15).

**Type of Review:**

Annual Update

Self-Study 4-year review

Self-Study 2-year review

**Program Description:** Please provide a brief program/department description. Describe how the program/department supports the college mission. (Refer to page help for a link to the Yuba College Mission webpage).

**Executive Summary (Include a list of team members):** Please summarize the process used by your department/program to complete the Program Review. What were your department’s goals in completing the review? Include a list of team members and their contribution in completing the Program Review.

**01IP- Department Goals: Department Goals:** How do your program or department goals align with stated [Yuba College goals](http://php.yccd.edu/documents/viewdocument.php?id=4074)? Is your program or department achieving its goals? Explain. (Refer to page help for a link to the College Mission-Vision-Goals).

**02IP-**

Please indicate which services students have access to that enhance student learning within your curriculum. (Hold down the "Ctrl" key to select multiple items).

* Office Hours
* Tutoring Services *(CSC, WLDC, MESA, Hard Math Café, etc.)*
* Workshops *(Math Boot Camp, etc.)*
* Supplemental Instruction *(In-class peer tutor)*
* DSPS
* EOPS
* Library Services
* Counseling Services
* Learning Communities
* First Year Experience

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**03IP-** Do all students, including DE, have equitable access to the support services you listed above? Are the services you indicated above appropriate, comprehensive and reliable? Explain. If you selected "Other" please specify.

**04IP-** What has your program or department done to improve completion of degrees, certificates, course completion, transfers, and/or state or national licensure pass rates? (Data for degrees, certs, course completion is located in your Documents tab in the folder labeled "Program Review Data". Please provide a summary of the data concerning transfer or licensure results.)

**05IP-** How does your program collaborate with student services? Please provide specific examples of that collaboration.

**06IP-** Review your program’s entry in the current catalog. Are changes needed in courses, units, degrees or certificates as indicated in the catalog? If so, what are they and when will you launch those changes within CurricUNET? Have courses not taught for 2 years or more been inactivated? If not, explain why. (Refer to page help for a link to the College Catalog).

**07IP-** If your department offers DE courses or uses a DE modality to support instruction, how are you evaluating the effectiveness of that instruction? How are instructors providing “regular effective instructor-initiated contact with students”? How are they accommodating students with disabilities? Specifically, are all videos captioned and is all other content compliant with Section 508 of the Rehabilitation Act? (Refer to page help for a link to Section 508).

**08IP-CTE Programs only:** What are the industry trends and workforce needs within your program?

**09IP-** Where is [disproportionate impact](http://php.yccd.edu/documents/viewdocument.php?id=6193) an issue in your program, and how will you use this data to develop strategies and/or approaches to mitigate achievement gaps? (Refer to page help for a link to information about disproportionate impact).

**10IP-** Analyze your program’s assessment of **course** SLOs, analysis of results, and improvements/changes made to the program as a result of this assessment. Please provide specific data and analysis.

**11IP-** Analyze your program’s assessment of **program** SLOs, analysis of results, and improvements/changes made to the program as a result of this assessment.  Please provide specific data and analysis.

**12IP-** In the last year, what professional development activities has your faculty and/or staff participated in? How was information gained from professional development shared with the whole department? Please provide specific examples of how strategies, practices and/or activities learned at professional development were implemented/adopted by the department/program to contribute to student success.

**13IP-** How did the program/department incorporate feedback received from Feedback Teams? How is this Program Review going to be used to reflect, refine and improve your program/department practices moving forward?

**Are you ready to submit your final program review?**

When you are done with your review, please select "Yes" so the review and feedback process can begin. *Please do not submit the final Program review until you have completed the departments Program Recommendations.*