

# Instructional Program Review Questions

**Year of Review:** The academic year selected should represent the year the review is completed.

**Type of Review:**

Self-Study 4-year review

Self-Study 2-year review

**Lead:** List who is acting as the lead for the submission of this Program Review and the team members that helped complete the Program Review. How did each member contribute to the process?

**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).

**S- Best Aspects:** What are the best aspects of your department/program? In what areas does to department/program excel?

**W- Areas to Improve:** Identify the key area(s) for improvement within your program/department.

**O- Areas for Change:** Describe possible changes that can be made to improve your department/program, including any external changes that may impact the field.

**T- Obstacles:** What obstacles may your department/program face as it works to improve and implement changes? This can include policies, processes, resource concerns, sources of competition, etc..

**01IP-Yuba College Objectives:** Describe the way(s) that your program/department work contributes to the objectives in the Yuba College Educational Master Plan. (Refer to page help for a link to the Yuba College Objectives).

**02IP- Collaboration:** How does your program collaborate with student services, instructional departments and community stakeholders? Please provide specific examples of that collaboration.

**03IP- Disproportionate Impact:** Where is [disproportionate impact](#) 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).

**04IP- Improve Student Achievement:** What has your program or department done to improve course completion and success, completion of certificates and degrees, transfers, and/or state or national licensure pass rates? (*Relevant data 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- Current Curriculum:** Review the curriculum report to assess that curriculum is up to date. If some curriculum, certificates/degrees are not current, please indicate what needs to be updated, and when the department plans to launch those changes in CurricUNET. Include a list of responsible parties and timeline for each. (The report is located in your Documents tab in the folder labeled "SLO and Curriculum Reports").

**Answer only if applicable-DE Instruction:**

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).

**07IP-CTE Programs only:** What are the industry trends and workforce needs within your program?

**08IP-Current SLOs:** Review the SLO report to assess that the program/department has active PSLO & CSLOs and related assessment methods. If PSLOs are missing or some courses do not have CSLOs, please indicate what needs to be updated, and when the department plans to launch those changes in the TracDat SLO unit. Include a list of responsible parties and timeline for each. (Report is located in your Documents tab in the folder labeled "SLO and Curriculum Reports").

**09IP- CSLO Analysis:** Analyze your program's assessment of **course** SLOs, analysis of results, action plans and improvements/changes made to the program because of this assessment. Please provide specific data and analysis.

**10IP- PSLO Analysis:** Analyze your program's assessment of **program** SLOs, analysis of results, action plans and improvements/changes made to the program because of this assessment. Please provide specific data and analysis.

**11IP- Professional Development:** Since the last Program Review, what professional development activities has your faculty and/or staff participated in? How was information gained from professional development shared with the whole department/program? 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 or achieving the college objectives.

**12IP- Incorporate PR Feedback:** How did the program/department incorporate feedback received from Feedback Teams? Identify some specific ways that you will improve the department/program because of the Program Review process.

**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.*