**\*\*Use this template in years when a Core Topic is not selected\*\***

**YEARLY PLANNING DISCUSSION TEMPLATE
General Questions**

**Program Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Academic Year**

1. Has your program mission or primary function changed in the last year?
2. Were there any noteworthy changes to the program over the past year? (eg, new courses, degrees, certificates, articulation agreements)

**Learning Outcomes Assessment**

* 1. Please summarize key results from this year’s assessment.
	2. Please summarize your reflections, analysis, and interpretation of the learning outcome assessment and data.
	3. Please summarize recommendations and/or accolades that were made within the program/department.
	4. Please review and attach any *changes* to planning documentation, including PLO rubrics, associations, and cycles planning.
1. Were there any staffing changes?
2. What were your program successes in your area of focus last year?

**CTE two-year review of labor market data and pre-requisite review**

1. Does the program meet documented labor market demand?
2. How does the program address needs that are not met by similar programs?
3. Does the employment, completion, and success data of students indicate program effectiveness and vitality? Please, explain.
4. Have recommendations from the previous report been addressed?

Use the tables below to fill in **NEW** resources and planning initiatives that **do not apply directly to core topics. *This section is only used if there are new planning initiatives and resources requested.***

**Sample:**

|  |
| --- |
| **New Program Planning Initiative (Objective) – Yearly Planning Only** |
| **Title (including number:** | *ER Obj-2 Video Speeches for Student Learning and enhancement* |
| **Planning years:** | *(The academic years this will take to complete)* 2021-22 to 2024-25 |
| **Description:***(A more detailed version of initiative. Please include a description of the initiative, why it is needed, who will be responsible, and actions that need to happen, so it is completed.)*The success levels of our courses have indicated that students need to be able to review their own speeches. Videotaping the student’s speech provides a very constructive approach to review and improve their oratory skills. |
| **What college plans are associated with this Objective? (Please select from the list below):**c **Ed Master Plan Student Equity Plan Guided Pathways AB 705** **Technology Plan X Facilities Plan Strong Workforce Equal Employment Opp.** **Title V** |

**Resource Requests: Please use the Resource Request Excel template located on the Program Review web page to enter resource requests for equipment, supplies, staffing, facilities, and misc. resources needed. Send completed excel document along with completed program view core topic for signature.**

****

|  |
| --- |
| **New Program Planning Initiative (Objective) – Yearly Planning Only** |
| **Title (including number:** |  |
| **Planning years:** | *(The academic years this will take to complete)*  |
| **Description:***(A more detailed version of initiative. Please include a description of the initiative, why it is needed, who will be responsible, and actions that need to happen, so it is completed.)* |
| **What college plans are associated with this Objective? (Please select from the list below):**c **Ed Master Plan Student Equity Plan Guided Pathways AB 705/1705** **Technology Plan Facilities Plan Strong Workforce Equal Employment Opp.** **Title V** |

|  |
| --- |
| **New Program Planning Initiative (Objective) – Yearly Planning Only** |
| **Title (including number:** |  |
| **Planning years:** | *(The academic years this will take to complete)*  |
| **Description:***(A more detailed version of initiative. Please include a description of the initiative, why it is needed, who will be responsible, and actions that need to happen, so it is completed.)* |
| **What college plans are associated with this Objective? (Please select from the list below):**c **Ed Master Plan Student Equity Plan Guided Pathways AB 705/1705** **Technology Plan Facilities Plan Strong Workforce Equal Employment Opp.** **Title V** |

|  |
| --- |
| **New Program Planning Initiative (Objective) – Yearly Planning Only** |
| **Title (including number:** |  |
| **Planning years:** | *(The academic years this will take to complete)*  |
| **Description:***(A more detailed version of initiative. Please include a description of the initiative, why it is needed, who will be responsible, and actions that need to happen, so it is completed.)* |
| **What college plans are associated with this Objective? (Please select from the list below):**c **Ed Master Plan Student Equity Plan Guided Pathways AB 705/1705** **Technology Plan Facilities Plan Strong Workforce Equal Employment Opp.** **Title V** |

|  |
| --- |
| **New Program Planning Initiative (Objective) – Yearly Planning Only** |
| **Title (including number:** |  |
| **Planning years:** | *(The academic years this will take to complete)*  |
| **Description:***(A more detailed version of initiative. Please include a description of the initiative, why it is needed, who will be responsible, and actions that need to happen, so it is completed.)* |
| **What college plans are associated with this Objective? (Please select from the list below):**c **Ed Master Plan Student Equity Plan Guided Pathways AB 705/1705** **Technology Plan Facilities Plan Strong Workforce Equal Employment Opp.** **Title V** |

|  |
| --- |
| **New Program Planning Initiative (Objective) – Yearly Planning Only** |
| **Title (including number:** |  |
| **Planning years:** | *(The academic years this will take to complete)*  |
| **Description:***(A more detailed version of initiative. Please include a description of the initiative, why it is needed, who will be responsible, and actions that need to happen, so it is completed.)* |
| **What college plans are associated with this Objective? (Please select from the list below):**c **Ed Master Plan Student Equity Plan Guided Pathways AB 705/1705** **Technology Plan Facilities Plan Strong Workforce Equal Employment Opp.** **Title V** |

Program Review Signature Page:

Program Review Lead Date

Program Dean Date

Vice President, Student Services Date