**HAWAIʻI COMMUNITY COLLEGE**

**PROGRAM ANNUAL REVIEW REPORT**

**[insert Program name here]**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Review Period**

**July 1, 2014 to June 30, 2015**

Initiator: [insert Initiator’s Name here]

Writer(s): [insert Writer(s) Name here]

***Program/Unit Review at Hawaiʻi Community College is a shared governance responsibility related to strategic planning and quality assurance. Annual and 3-year Comprehensive Reviews are important planning tools for the College’s budget process. This ongoing systematic assessment process supports achievement of Program/Unit Outcomes. Evaluated through a college-wide procedure, all completed Program/Unit Reviews are available to the College and community at large to enhance communication and public accountability. Please see*** [***http://hawaii.hawaii.edu/program-unit-review/***](http://hawaii.hawaii.edu/program-unit-review/)

**Program** **Description**

**Please provide a brief description of your Program. Include your Program Mission statement.**

**Part I. Review of Program Data**

**Go to the Annual Reports for Program Data (ARPD) website linked below and review the data for your program.**

<http://www.hawaii.edu/offices/cc/arpd/>

**Part II. Analysis of the Program**

**Based on the ARPD data in Part 1, analyze the Program in terms of Demand, Efficiency, and Effectiveness. Include significant Program actions (e.g., new certificates, stop out, gain/loss of positions) and results of prior year's action plan. Include analysis of any Perkin's Core Indicator(s) for which the Program’s goal was not met. Also discuss any trends or other factors (internal/external) affecting the Program and analyze other Program changes or information not included elsewhere.**

**Part III. Action Plan**

**Describe in detail the Program’s overall action plan for the current/next academic year. Discuss how these actions support the College's Mission and can lead to improvement(s) in student learning. Include specific action plans to address any ARPD Health Call scores of “Cautionary” or “Unhealthy,” and any Perkin's Core Indicator(s) for which the Program’s Goal was not met.**

**Part IV. Resource Implications**

**Please provide a brief statement about any implications of current operating resources for the Program.**

**Budget asks are included in the 3-year Comprehensive Review, except for the following that may be included here: health and safety needs, emergency needs, and/or necessary needs to become compliant with Federal/State laws/regulations. Describe the needed item(s) in detail, including cost(s) and timeline(s). Explain how the item(s) aligns with one or more of the Strategic Initiatives of the Hawaiʻi Community College 2015-2021 Strategic Plan. Identify and discuss how the item(s) aligns with the Initiative’s Goal, Action Strategy, and Tactic.** [HAWCC Strategic Plan](http://hawaii.hawaii.edu/docs/hawcc-strategic-directions-2015-2021.pdf)

**Part** **V. Comprehensive Review Information**

**Please provide a short summary regarding the last comprehensive review for this program. Discuss any significant changes to the Program since the last comprehensive review that are not discussed elsewhere.**

**Required for ARPD Web Submission: Provide the URL to the specific location of this Unit’s last Comprehensive Review on the HawCC Program/Unit Review website (see link on page 1):**

**Part VI. Program Student Learning Outcomes**

**For all parts of this section, please provide information based on the PLOs (P-SLOs) that were assessed through PLO-aligned course assessments in AY 2014-15.**

**A) Evidence of Industry Validation (CTE Programs)**

**[General Pre-Professional Programs can skip industry validation.]**

**Provide documentation that the program has submitted evidence and achieved certification or accreditation from an organization granting certification in an industry or profession.  If the program/degree/certificate does not have a certifying body, you may submit evidence of the program’s advisory committee’s/board’s recommendations for, approval of, and/or participation in assessment(s).**

**B) Expected Level of Achievement**

**For each Course assessed in AY 2014-15: Discuss the rubric(s) standards and the benchmark goal(s) for student success (e.g., “85% of students will achieve Excellent or Good ratings in the assessed activity” or “90% of students will score Meets or Exceeds Standards on the assessment rubric”).**

**C) Courses Assessed**

**List all Program Courses assessed during AY 2014-15. Also list Program Courses for which a follow-up “Closing the Loop” assessment was implemented in AY 2014-15.**

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| --- | --- | --- |
| **Assessed Course Alpha, No., & Title** | **Semester assessed** | **PLO-aligned CLOs that were assessed** |
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| **“Closing the Loop” Assessments Alpha, No., & Title** | **Semester assessed** | **PLO-aligned CLOs that were assessed** |
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**D) Assessment Strategy/Instrument**

**For each Course assessed in AY 2014-15, provide a brief description of the assessment strategy, including the type of student work or activity assessed how and when the assessment was conducted, how and why assessed artefacts were selected, and how the artefacts were analyzed.**

**E) Results of Program Assessment**

**For each Course assessed in AY 2014-15, provide a summative description of the assessment results. Discuss how these results collectively demonstrate achievement of the Program’s Learning Outcomes and support the College’s Mission.**

**F) Other Comments**

**Include any additional information that will help clarify the assessment results. Include comparisons to any applicable College or Program standards, or to any national standards from industry, professional organizations, or accrediting associations. Include, if relevant, a summary of student survey results, CCSSE, e-CAFE, graduate-leaver surveys, special studies, or other assessment instruments used.**

**G) Next Steps**

**Based on the Program’s overall AY 2014-15 assessment results, describe the Program’s intended next steps to enhance instruction in order to improve student learning.  Instructional changes may include, for example, revision to curriculum, teaching methods, learning outcome statements, student support, and other options. Please note here if proposed changes will involve Program and/or Course modifications requiring approval.**

**Part VII. Cost Per SSH**

**Please provide the following values used to determine the total fund amount and the cost per SSH for your program:**

General Funds = $\_\_\_\_\_\_\_\_\_\_

Federal Funds = $\_\_\_\_\_\_\_\_\_\_

Other Funds = $\_\_\_\_\_\_\_\_\_\_

Tuition and Fees = $\_\_\_\_\_\_\_\_\_\_

**Part VIII. External Data**

If your program utilizes external licensures, enter:

Number sitting for an exam \_\_\_\_\_

Number passed \_\_\_\_\_

[If your program does not utilize external licensures, skip Part IX.]