<<Program Name>>



**July 1, 2018 through June 30, 2021**

AY18-19 to AY20-21

COMPREHENSIVE

Submit this Review document in WORD via the

[**Hawaii CC - Program & Unit Review Submission portal**](https://hawaii.kualibuild.com/app/builder/#/app/60ef56c477b0f470999bb6e5/run)

[**https://hawaii.kualibuild.com/app/builder/#/app/60ef56c477b0f470999bb6e5/run**](https://hawaii.kualibuild.com/app/builder/#/app/60ef56c477b0f470999bb6e5/run)

attachments and supporting documentation may be uploaded in WORD, PDF, or EXCEL

# 1. Program or Unit Description

Program or Unit Mission or Purpose Statement

What is the target student or service population?

# 2. Analysis of the Program/Unit

[UHCC Annual Report of Program Data (VARPD)](https://uhcc.hawaii.edu/varpd/)

Discuss the program’s or unit’s strengths and areas to improve in terms of Demand, Efficiency, and Effectiveness based on an analysis of the program’s ARPD Quantitative Indicators or comparable unit-developed measures or program-developed metrics for the period of this Review. Include a discussion of relevant historical-trend data on key measures (i.e., last three years). Provide an explanation of any significant changes to the program’s Quantitative Indicators or unit’s key performance measures over the period of this Review.

Instructional programs must include a discussion of ARPD health indicators with benchmarks to provide a quick view on the overall condition of the program during the period of this Review; CTE programs must include an analysis of Perkins Core indicators for which the program did not meet the performance level in the last year of this Review period.

Discuss significant program or unit actions and activities over the period of this Review. Include new certificate(s), stop outs, gain/loss of position(s), organizational changes, changes in unit operations or responsibilities, etc. Include a discussion of external factors affecting the program or unit.

Instructional programs must provide relevant attachment(s) and URLs for ARPD data tables from the previous three years, or from the full period of this Review if more than three years; non-instructional units must provide relevant attachment(s) or URLs for unit-specific data discussed in this Review from the previous three years, or from the full period of this Review if more than three years.

# 3. Program Learning Outcomes or Unit/Service Outcomes

1. List all Program Learning Outcomes (**PLO**s) or Unit/Service Outcomes (**UO**s) and their alignment to the College’s Institutional Learning Outcomes (**ILO**s).
2. List the PLOs or UOs that have been assessed in the period of this Review. Instructional programs must list the courses that have been assessed in the period of this Review and identify the alignment(s) of Course Learning Outcomes (**CLO**s) to the PLOs. If no assessment was conducted in the period of this Review, provide an explanation and the schedule of upcoming planned assessments.
3. Assessment Results: provide a detailed discussion of assessment results at the program (PLO) and course (CLO), or unit (UO), levels in the period of this Review. Provide an analysis of how these results reflect the strengths and challenges of the program or unit in meetings its Outcomes.
4. Changes that have been made as a result of the assessment results: instructional programs must provide a discussion of changes made as a result of the analysis of assessment results, e.g., to curriculum, instruction, development of student learning opportunities, faculty professional development activities, assessment strategies, etc.; non-instructional units must provide a discussion of changes made as a result of the analysis of assessment results, e.g., to services, operations, personnel training, assessment strategies, etc.

# 4. Action Plan

Based on findings in Parts 1-3, develop an action plan for your program or unit from now until your next Comprehensive Review (three-year plan).

Be sure to focus on areas to improve as identified in ARPD data or unit-developed measures, student learning or unit/service outcomes assessment results, and results of survey and other data used to assess your program or unit.

This action plan must include an analysis of progress in achieving previous planned improvements including the results of the prior Comprehensive Review’s action plan(s). Discuss how the goals identified in that prior action plan were met and the impact on the program or unit; or, if not met, discuss why and the impact on the program or unit, and whether those goals are being carried over to the current action plan.

This action plan should be detailed enough to guide your program/unit through to the next program/unit Comprehensive Review cycle. Include specific recommendations for improvement(s) or planned program or unit action(s). The plan must include details of measurable outcomes, benchmarks and timelines.

\* CTE programs must include specific action plans for any Perkins Core Indicator for which the program did not meet the performance level.

Specify how the action plan aligns with the College’s Mission and Strategic Plan. Include a discussion of how implementing this action plan will contribute to the College achieving the goals of the Strategic Plan.

<https://hawaii.hawaii.edu/sites/default/files/assets/docs/strategic-plan/hawcc-strategic-directions-2015-2021.pdf>

Be sure to list resources that will be required, if any, in section 5 below.

\*The action plan may be amended based on new initiatives, updated data, or unforeseen external factors between now and the next Comprehensive Review.

# 5. Resource Implications -

# \* ONE-TIME BUDGET REQUESTS ONLY \*

Detail any ONE-TIME resource requests that are not included in your regular program or unit operating “B” budget, including reallocation of existing resources (physical, human, financial).

\*Note that CTE programs seeking future funding via UHCC System Perkins proposals must reference their ARPD Section 4. Action Plan and this ARPD Section 5. Resource Implications to be eligible for funding.

**☐ I am NOT requesting additional ONE-TIME resources for my program/unit.**

**☐ I AM requesting additional ONE-TIME resource(s) for my program/unit.**

**Total number of items being requested: \_\_\_\_\_\_\_\_\_\_\_(4 items max.)**

\*For each item requested, make sure you have gathered the following required information and all relevant documentation before you upload this Review; you will submit all information and attachments for your **Resource Request** as part of your Review document submission via the

[Hawaii CC - Program & Unit Review Submission portal](https://hawaii.kualibuild.com/app/builder/" \l "/app/60ef56c477b0f470999bb6e5/run" \t "_blank)

<https://hawaii.kualibuild.com/app/builder/#/app/60ef56c477b0f470999bb6e5/run>

* Item Description
* Justification
* Priority Criteria (must meet at least one of the following):

1. Ensure compliance with mandates and requirements such as laws and regulations, executive orders, board mandates, agreements and contracts and accreditation requirements.
2. Address and/or mitigate issues of liability, including ensuring the health, safety and security of our Kauhale.
3. Expand our commitment to serving all segments of our Hawaii Island community through Pālamanui and satellite centers
4. Address aging infrastructure.
5. Continue efforts to promote integrated student support in closing educational gaps.
6. Leverage resources, investments with returns, or scaling opportunities
7. Promote professional development.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category-Specific Information** | | | | |
| **Equipment** | Estimated Date Needed | Quantity / Number of Units; Cost per Unit | Total Cost (with S&H, tax) | On Inventory List (Y/N); Decal #, Reason replacing |
| **Facilities Modification** | Estimated Date Needed | Total Cost | Monthly/Yearly Recurring Costs | Utilities Required |
| **Personnel Resource** | Estimated Date Needed | FTE; Position Type; Position Title | Estimated Salary | Was an Existing Position Abolished? (Y/N); Position # |
| **Professional Development** | Estimated Date Needed | Have you applied before (Y/N); was it approved? | Professional Development Type | PD Details; Impact; Total Cost |
| **Reallocation** | Estimated Date Needed | Total Cost | Monthly/Yearly Recurring Costs | Reallocation Proposal |

# 6. Optional: Edits to Occupation List for Instructional Programs

Review the Standard Occupational Classification (SOC) codes listed for your Instructional Program and verify that the occupations listed align with the program learning outcomes. Program graduates should be prepared to enter the occupations listed upon program completion. Indicate in this section if the program is requesting removal or additions to the occupation list.

**☐ I am NOT requesting changes to the SOC codes/occupations listed for my program.**

**☐ I am requesting changes to the SOC codes/occupations listed for my program.**

[O\*Net CIP-SOC Code Look-up](http://www.onetonline.org/)

*\*in the* ***Crosswalks*** *box, choose “Education,” then enter CIP number to see related SOC codes*

List below each SOC code for which change is being requested and include details of requested code deletions and/or additions. Include justification for all requested changes.

\*All requested changes to the SOC codes/occupations listed for programs must be discussed with and approved by the Department/Division Chair.