

**July 1, 2022 through June 30, 2023**

<<Program Name>>

Submit this Review document in WORD via the

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

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

# 1. Program or Unit Mission

*Program or Unit Mission or Purpose Statement*

*This statement will likely not change each year. You may copy/paste from last year unless there was a significant change.*

# 2. Program Student Learning Outcomes or Unit/Service Outcomes

*For the past year, please indicate which program student learning or unit/service outcomes were assessed, assessment results, and what changes will be made to address the results.*

# 3. Analysis of the Program/Unit

*Use this section to discuss the annual report of program data (ARPD data) and/or any other data used to assess your program or unit in terms of demand, efficiency, and effectiveness and with respect to the goals of your last comprehensive program/unit review. What program changes have occurred? Discuss significant program or unit actions (new certificate(s), stop outs/unit, gain/loss of position(s), etc.).*

*Instructional programs must provide the URL for the program’s ARPD data tables and attachment(s) for relevant program-developed metrics discussed in this Review; non-instructional units must provide URLs for unit-specific data and attachment(s) for relevant unit-developed metrics discussed in this Review*. *CTE programs must include an analysis of Perkins Core indicators for which the program did not meet the performance level*.

# 4. Action Plan

*Based on findings in Parts 1-3: How well has the program/unit met the goals from your last comprehensive program/unit review action plan(s)? What changes are you making to your action plan(s) for the next year? Include external factors affecting the program or unit. Discuss how these recommendations for improvement or actions will guide your program or unit until the next comprehensive review. Specify how the action plan(s) aligns with the College’s Mission and Strategic Plan. Be sure to list resources that will be required, if any, in section 5 below.*

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

# 5. Resource Implications

# Special Resource Requests not included in operating “B” budget \*

*Detail any special resource requests not funded by your regular operating budget, including reallocation of existing resources (physical, human, financial) to support action or Perkins plans.*

 *\*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 resources for my program/unit.**

**☐ I AM requesting additional 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*

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* **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.

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| **CATEGORY** | **Category-Specific Information Needed** |
| **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 # |