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| **WHY DO A PROGRAM REVIEW?** |

As a part of accreditation, the Higher Learning Commission (HLC) requires institutions to have an established process to regularly review all programs. Every institution is allowed the latitude to develop and administer a review process that is suited to the institution’s unique circumstances and needs.

The ICCB requires all instructional programs and all student and academic support services to conduct a program review at least once every five years. The program review process should…

* Examine the need for the program, its quality, and its cost of operation.
* Involve employees of the unit as well as individuals not employed in the unit.
* Examine current information and data.
* Produce results that are considered in campus planning, quality improvements, and budget allocation decisions.

The College’s annual program review report to the ICCB comes from the approved program reviews.

The purpose of Sauk’s program review process is to promote continuous improvement and to link those improvements to other internal processes, including curriculum development, assessment, budgeting, facility planning, and to the strategic plan through operational plans.

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| **TIMELINE** | |
| April/May | Units informed that they are scheduled to conduct a program review in the fall |
| Beginning of the fall semester | Program review orientation sessions conducted |
| Fall semester | Units conduct their program reviews |
| **December 1** | **Program reviews are due** |
| Early Spring semester | Unit’s administrator and the Program Review Committee will consider program reviews, request revisions, and approve final reviews |
| April 1 | Equipment Requests, Personnel Change Requests, and Major Project Requests from *approved* program reviews, will be forwarded for consideration in the budget allocation process |
| End of spring semester | Instructional units submit next year’s operational plans, including all activities identified in the program review |
| Early July | Student and academic support services submit next year’s operational plans, including all activities identified in the program review |

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| **INSTRUCTIONS** |

* The program review is to be conducted by a team of 5 to 10 individuals consisting of the following:
  + Department/unit staff
  + Department/unit administrator
  + 1 or 2 employees not part of the department
  + 1 or 2 students
  + 1 or 2 community members/non-SVCC employees
* Use this document as a template. Do not use alternate formats.
* Complete all items on all pages
* The ICCB Best Practices Report may describe the entire unit or a specific practice. *This is the only optional component* of the program review
* Insert the names of the program review team on the Signatures and Approval page
* Complete any appropriate request forms:
  + Equipment Request
  + Personnel Change Request
  + Major Project Request
  + Request forms are available in *FAST* under *Documents and Forms*
  + Requests will be forwarded to the budget allocation process, *after all program review revisions have been submitted and the review has been approved by the Program Review Committee*. The requests will not be forwarded to the budgeting process until the Committee informs the unit that the review has been approved.
* The approval process:
  + Submission of the review alone does not constitute approval
  + The Program Review Committee may request additional analysis, clarification, or information, and will not approve the review until it is satisfied that its requests have been addressed
    - Reviews must be *approved by April 1* for requests to be forwarded for budgetary consideration
  + The program administrator may request a meeting to discuss the review and/or request modifications, and approves the review after the Committee approves it
  + The President provides the final approval of every review

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| **HOW to SUBMIT the PROGRAM REVIEW** |

* Program reviews are due on December 1
* The program review, appropriate request documents, and any other support documents should be submitted as an e-mail attachment to:
  + The program’s immediate administrative supervisor (dean or vice president), *and*
  + The chair of the Program Review Committee, Janet Lynch.
* A printed copy of the review *is not required*, and is discouraged.
* A printed copy of the Signatures and Approval page, with signatures from all team members, should be sent to the Program Review Committee chair, Janet Lynch.

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| **ALIGNMENT WITH THE COLLEGE MISSION** |

***Because the Sauk Valley Community Colleges Business AAS and Certificate programs were reviewed and approved in FY 2008, only a Summary Report for this program is being completed at this time.***

**College Mission**

Sauk Valley Community College is an institution of higher education that provides quality learning opportunities to meet the diverse needs of its students and community.

**College Vision**

Sauk Valley Community College will be recognized as a benchmark institution of higher education that provides exceptional learning opportunities in response to the diverse needs of its students and community.

**Program Mission**

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| **VIABILITY COMPONENT**  The viability component focuses on quantitative analysis and the need for the program. |

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| **SECTION A: ENROLLMENT & RETENTION DATA** for major field required courses  Resources: Data Table 1  Operational Plans |

1. Describe a) the five-year enrollment trends, and b) results of the efforts to increase enrollment that were implemented since the last program review.

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| Fluctuations in our national and local economies have had a dramatic impact on enrollments in both the Marketing programs at Sauk Valley Community College. Severe employment cutbacks by large manufacturers in our district in FY 2008 and prior years (for example National Manufacturing in Sterling) led to increased enrollments at Sauk.    In FY 2009, district wide cutbacks in the goods producing sector diminished. In addition, due in part to both an increase in economic activity and new hiring at firms such as UPM Raflatac in Dixon and the Wal-Mart distribution center in Rock Falls, enrollment declined as potential students were able to find employment and/or obtain additional wages by working overtime hours.  The collapse of our economy which occurred in the fall of 2008 has resulted in still another dramatic change in enrollments. In the current FY 2010 (including fall 2009) enrollments have experienced increases in excess of 10%. In addition to laid-off workers and unsuccessful job seekers, declining consumer confidence and concerns about job security are leading many to choose community colleges over other more expensive education alternatives. Those alternatives include state universities and private colleges. |

1. Describe a) the five-year retention trends, and b) results of the efforts to improve retention that were implemented since the last program review.

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1. Describe what can be done to improve these trends during the next five years.

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1. Summarize activities to improve the trends discussed in this section in the operational plan and code as PA. Indicate below if activities will be included in the operational plan.

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| Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

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| **SECTION B: PROGRAM COMPLETIONS & NEED FOR THE PROGRAM**  Resources: Data Table 2  Operational Plans |

1. Describe a) the five-year successful completion trends, and b) results of the efforts to improve the trends that have been implemented since the last program review.

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1. List any concerns identified in the *Career and Technical Follow-Up Study* and discuss solutions, ***OR*** if there were no concerns identified, indicate “None.”

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1. Use data from the Illinois Workforce Development System <http://iwds.state.il.us/iwdshome.html> (click on *Consumer Information* and enter *Sauk Valley Community College*) which tracks WIA eligible students, to answer the following:

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| Percent of students who complete the program: %  Percent of students employed after exiting WIA: %  Average starting hourly wage: $ |

1. Describe the occupational need for the program. (Create one or more tables that illustrate the projected occupational demand for program completers using information available on the Illinois Department of Employment Security website ([www.ilworkinfo.com](http://www.ilworkinfo.com), click on *Workforce Information Center*, click on *Quick Links*; ***OR*** any other reputable source. Include all appropriate job titles. Be sure to site your data source.)
2. Summarize the activities that the department will perform to improve the trends or respond to the issues identified in this section and code as PB. Indicate below if activities will be included in the operational plan.

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| Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

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| **SECTION C: PROGRAM FINANCES**  Resources: Data Table 3  Operational Plans |

1. Describe a) the five-year income vs. expense trends, and b) results of the efforts to improve financial viability that were implemented since the last program review.

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1. Describe the results of the program’s efforts to go “green.”

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1. Describe how the program’s financial viability may be improved.

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1. Summarize activities to improve the program’s financial viability in the operational plan and code as PC. Indicate below if activities will be included in the operational plan.

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| Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

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| **QUALITY COMPONENT**  The quality component focuses on qualitative analysis and issues. |

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| **SECTION D: COURSE SCHEDULING** |

1. Provide the program schedule by listing each required course by course number and indicating each semester in which it is planned to be offered.

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| --- | --- | --- | --- | --- |
| **Course Number** | **Year 1: Fall Semester** | **Year 1: Spring Semester** | **Year 2: Fall Semester** | **Year 2: Spring Semester** |
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1. How many semesters should it take a full-time student to complete this program?

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1. During the past five years, have courses been offered and properly sequenced so a student could complete the program in the number of semesters specified above?

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| Yes  No |

1. During the past five years, have scheduling conflicts been avoided by coordinating the days and times that courses are offered?

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| Yes  No |

1. During the past five years, have scheduling conflicts been avoided by coordinating schedules with other required courses, outside of this area?

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| Yes  No |

1. Describe scheduling changes that may be needed during the next five years and the rationale for the changes, ***OR*** indicate “None.”

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1. Summarize activities that the department will perform to correct scheduling problems and make future scheduling changes in the operational plan and code as PD. Indicate if activities will be included in the operational plan, ***OR*** if issues have been corrected, below.

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| Activities will be included in the operational plan.  Activities will not be included in the operational plan.  Issues have already been corrected. |

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| **SECTION E: CURRICULUM: COURSE OUTLINES** |

1. Have 100% of course outlines been reviewed and updated at least once during the past five years?

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| Yes  No |

1. Are 100% of course outlines and syllabi aligned?

|  |
| --- |
| Yes  No |

1. Summarize activities to correct course outline issues in the operational plan and code as PE. Indicate if activities will be included in the operational plan, ***AND/OR*** if issues have been corrected, below.

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| Activities will be included in the operational plan.  Activities will not be included in the operational plan.  Issues have already been corrected. |

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| **SECTION F: CURRICULUM: ASSESSMENT**  Resources: Assessment folder, Program/Discipline Data |

1. List the program/discipline objectives that have NOT been assessed in this five-year period and indicate whether these will be assessed, eliminated, or replaced, ***OR*** indicate “All have been assessed.”

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1. Describe the results of the curriculum changes ensuing from assessment activities that were implemented since the last program review, ***OR*** indicate “None.”

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1. Describe the status of any budget requests resulting from assessment activities since the last program review, ***OR*** indicate “None.”

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1. Summarize activities related to assessment issues in the operational plan and code as PF. Indicate below if activities will be included in the operational plan.

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| Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

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| **SECTION G: CURRICULUM: CURRICULAR CHANGES**  Resources: Assessment Summary Reports  Operational Plans |

1. Describe the positive or negative impacts of the curricular changes made during the past five years.

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1. Describe possible changes in employer or industry requirements that may be *imposed* on the program during the next five years, ***OR*** indicate “None.”

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1. Describe anticipated curricular changes that the department will propose during the next five years and the accompanying needs that will be required, or indicate “None.”

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| **Curricular Changes** | **Equipment and/or Supply Needs** | **Facility Needs** | **Personnel and/or Training Needs** |
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1. Summarize activities that the department will perform to make curricular changes in the operational plan and code as PG. Indicate below if activities will be included in the operational plan.

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| Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

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| **SECTION H: FACULTY** |

1. Have 100% of full-time faculty participated in professional development during the past 5 years?

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| Yes, skip to question 34  No, continue with question 33 |

1. Describe what can be done to assure that 100% of faculty participate in professional development during the next 5 years?

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1. Will faculty need any *specialized* professional development in the next year?

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| Yes, continue with question 35  No, skip to question 36 |

1. Summarize the *specialized* professional development what will be needed, who will participate and estimated expenses.

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1. Summarize activities that the department will perform so that 100% of faculty participate in professional development during the next 5 years in the operational plan and code as PH. Indicate below if activities will be included in the operational plan.

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| Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

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| **SECTION I: EQUIPMENT AND SUPPLIES** |

1. Identify current deficiencies in equipment, software, and/or supplies that negatively impact the program, ***OR*** indicate “None.”

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1. Identify new and/or replacement equipment, software, and/or supplies which are anticipated during the next five years, with cost estimates, ***OR*** indicate “None.” Do not include items associated with the curriculum changes noted in Section G.

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1. Summarize activities to acquire the needed equipment, software, and supplies in the operational plan and code as PI, ***AND/OR*** submit a completed *Equipment Request Form*. Indicate below if activities will be included in the operational plan, and if an *Equipment Request Form* is attached.

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| Activities will be included in the operational plan.  Activities will not be included in the operational plan.  A completed *Equipment Request Form* accompanies this program review. |

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| **SECTION J: SUPPORT SERVICES**  Definition: College services that are *specific to this program*, which are utilized by students outside of the classroom (i.e. tutoring in the LAC, special materials in the LRC, etc) |

1. Describe the program specific support services that are currently available to students, ***OR*** indicate “None.”

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1. Describe gaps in the program specific support services that currently available and identify possible solutions, ***OR*** indicate “None.”

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1. Describe any changes in the need for support services that are anticipated to occur during the next five years, ***OR*** indicate “None.”

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1. Summarize activities to expand or correct the gaps in support services in the operational plan and code as PJ. Indicate below if activities will be included in the operational plan.

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| Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

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| **SECTION K: MARKETING**  Definition: Systematic efforts aimed at attracting new students to the program. |

1. Describe how the program can be better promoted and marketed.

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1. Summarize activities to better promote and market the program in the operational plan and code as PK. Indicate below if activities will be included in the operational plan.

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| Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

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| **SECTION L: STUDENT INPUT**  Definition: Systematic efforts aimed at student opinions and suggestions for improving the program.  Resources: Operational Plans |

1. Describe what was gained from seeking student input since the last program review ***OR*** indicate “None was sought.”

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1. Summarize activities to obtain student input in the operational plan and code as PL. Indicate below if activities will be included in the operational plan.

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| Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

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| **SECTION M: NON-STUDENT INPUT**  Definition: Systematic efforts aimed at obtaining information regarding program content and improvement from informed sources other than students, for the purpose of keeping the program current and relevant.  Resources: Operational Plans |

1. Describe what was gained from seeking non-student input since the last program review ***OR*** indicate “None was sought.”

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1. Summarize plans to obtain input from non-student sources in the operational plan and code as PM. Indicate below if activities will be included in the operational plan.

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| Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

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| **SECTION N: NEED AND GROWTH POTENTIAL** |

1. What is the projected level of need for the program, during the next five years?

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| Growing need  Level need  Declining need |

1. List the top five priorities to strengthen the program during the next five years.

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1. Summarize plans to address the top five priorities in the operational plan and code as PN. Indicate below if activities will be included in the operational plan.

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| Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

**CAREER AND TECHNICAL EDUCATION PROGRAM REVIEW SUMMARY REPORT**

**Required ICCB Program Review Report**

**Sauk Valley Community College Academic Year 2009 – 2010**

**Program Identification Information**

|  |  |
| --- | --- |
| **6-digit CIP** | 521804 |

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| --- | --- |
| **Degree Type**  03 – AAS  20 – Certs. 30ch >  30 – Certs. <30ch | 03 AAS (0020) |

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| --- | --- |
| **Program Title** | Marketing Degree (0020) |

**Action**

X Continued with minor improvements

⁭ Significantly modified

⁭ Discontinued/Eliminated

⁭ Placed on inactive status

⁭ Scheduled for further review

⁭ Other, please specify:

**Improvements & Rationale for Action**

|  |
| --- |
| The most significant change in the marketing program is the implementation of improved business (discipline-wide) assessments. This has included a standardized employer evaluation for all interns participating in the Associates of Applied Science programs for marketing.    In addition, the Dean of Instructional Services has rejuvenated a Workforce Council consisting of local business persons. We are meeting on a regular basis and working to identify skills and areas of knowledge that organizations report are lacking in new entrants to the labor force. Some of the Workforce council’s recommendations have already been implemented.  Future improvements that will be addressed during the next academic year include improving communication and coordination between full-time and adjunct business faculty members. |

**Principle Assessment Methods Used in Quality Assurance for this Program**

X Standardized assessments

⁭ Certification and licensure examination results

X Writing samples

⁭ Portfolio evaluation

⁭ Course embedded questions

X Student surveys

X Analysis of enrollment, demographic and cost data

X Other, please specify: Employer Evaluation of Interns in AAS Program

**Statewide Program Issues (if applicable)**

|  |
| --- |
| Our nation is now faced with unprecedented economic challenges. The economy in the Sauk Valley has been very negatively impacted by the loss of traditional manufacturing, construction, and service related jobs. Regarding statewide issues, we solicit the financial funding necessary to maintain and improve this program. |

**CAREER AND TECHNICAL EDUCATION PROGRAM REVIEW SUMMARY REPORT**

**Required ICCB Program Review Report**

**Sauk Valley Community College Academic Year 2009 – 2010**

**Program Identification Information**

|  |  |
| --- | --- |
| **6-digit CIP** | 521804 |

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| **Degree Type**  03 – AAS  20 – Certs. 30ch >  30 – Certs. <30ch | 30 Certificate (0B92) |

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| **Program Title** | Marketing Certificate (0B92) |

**Action**

X Continued with minor improvements

⁭ Significantly modified

⁭ Discontinued/Eliminated

⁭ Placed on inactive status

⁭ Scheduled for further review

⁭ Other, please specify:

**Improvements & Rationale for Action**

|  |
| --- |
| The most significant change in the marketing program is the implementation of improved business (discipline-wide) assessments. This has included a standardized employer evaluation for all interns participating in the Associates of Applied Science programs for marketing.    In addition, the Dean of Instructional Services has rejuvenated a Workforce Council consisting of local business persons. We are meeting on a regular basis and working to identify skills and areas of knowledge that organizations report are lacking in new entrants to the labor force. Some of the Workforce council’s recommendations have already been implemented.  Future improvements that will be addressed during the next academic year include improving communication and coordination between full-time and adjunct business faculty members. |

**Principle Assessment Methods Used in Quality Assurance for this Program**

X Standardized assessments

⁭ Certification and licensure examination results

X Writing samples

⁭ Portfolio evaluation

⁭ Course embedded questions

X Student surveys

X Analysis of enrollment, demographic and cost data

X Other, please specify: Employer Evaluation of Interns in AAS Program

**Statewide Program Issues (if applicable)**

|  |
| --- |
| Our nation is now faced with unprecedented economic challenges. The economy in the Sauk Valley has been very negatively impacted by the loss of traditional manufacturing, construction, and service related jobs. Regarding statewide issues, we solicit the financial funding necessary to maintain and improve this program. |

**Best Practices Report**

**Optional ICCB Program Review Report**

**Sauk Valley Community College Academic Year 2009 – 2010**

**Title of Best Practice**

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**Programmatic Area**

⁭ Academic Discipline

X Career and Technical Education

⁭ Cross-Disciplinary

⁭ Student & Academic Support Services

**Description of the innovation/best practice (150 word limit)**

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**What are the results/measurable outcomes?**

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**Contact Information**

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| --- |
| Sauk Valley Community College  Name & Title:  Phone Number:  E-mail Address: |

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| **SIGNATURES and APPROVALS** |

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| --- | --- | --- |
| **Names and Signatures of the Program Review Team** Add lines if needed  Signatures indicate that team members concur with the findings of the program review | | |
| **Names** (Indicate chair/co-chairs) | **Signatures** | |
| John Nelson (chair) |  | |
| Charles West |  | |
| Dr. Dennis Day |  | |
| (the above full-time business faculty members concur with the findings of this program review) |  | |
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| **Program Review Committee** | | |
| This Program Review is complete and acceptable. | |  |
| This Program Review is complete but the conclusions ***are not*** fully substantiated. | |  |
| This Program Review is incomplete and unacceptable. | |  |
| Comments are attached (optional) | |  |
| Program Review Committee Chair/Co-Chair |  | |
| Date |  | |
| Program Review Committee Co-Chair |  | |
| Date |  | |
| **Administrative Approvals**  Administrative signatures indicate an acceptance of the program review. | | |
| Program Administrator |  | |
| Academic Vice President |  | |
| President |  | |