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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** |

**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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| --- |
| Sauk Valley Community College Nursing Assistant program will provide a quality learning opportunity for students to acquire skills needed to fulfill the responsibilities and perform the procedures required of a nursing assistant in the state of Illinois. |

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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 coursesResources: 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.

|  |
| --- |
| 1. Enrollment has increased by 500% over the last five years. The enrollment for 2005 was 60 and the enrollment for 2009 was 359.
2. Our efforts to increase enrollment were very successful. Efforts to increase enrollment included offering 7 more classes per year and offering classes on a variety of different days and times. The CNA course was also made a prerequisite for the nursing program.
 |

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.

|  |
| --- |
| 1. Of the twenty students enrolled in each class on day one, the retention for 2006 & 2007 was 12 students on day ten and is now 18. This increase of 6 students per class for ten classes is 60 additional students per year because of the changes made to improve retention. Enrollment and retention table 1yield rate indicates 97.4% reimbursable credit.
2. Students are now notified 1 month before admission that Criminal Background checks, reading and math tests are administered the first day of class. This allows students who do not meet state criteria to drop the class, and opens slots for qualified students. The implementation of early academic intervention and mentoring students has also improved retention. Students with reading, math or other academic needs are encouraged to seek help through LAC, VITAL, and the student needs coordinator. The students then receive tutoring, test readers, extended testing time and other accommodations as needed to help them meet the program requirements.
 |

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

|  |
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|  Initiate early orientation and criminal background checks prior to acceptance into the class. Increase lecture class sizes. Add a CNA recertification class. This program has grown by 500%. There is a massive amount of paper work, state compliance criteria, and trouble shooting that the coordinator attends too. A full time person is needed to coordinate this program.  |

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.

|  |
| --- |
|  X 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.

|  |
| --- |
| 1. 95-96% of students successfully complete the program annually.
2. These positive results are due to contracts with students having difficulties meeting class requirements. These contracts include: academic remediation, referrals to LAC, VITAL, and Student Needs Coordinator, and clearly defined student goals.
 |

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.”

|  |
| --- |
| A need for expanded job seeking skills information was identified. Expand curriculum to meet this need. |

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:

|  |
| --- |
| Percent of students who complete the program: 84 %Percent of students employed after exiting WIA: 100 %Average starting hourly wage: $9.25-$9.50 per hour |

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.)

**State of Illinois**

**Occupational Employment Projections (Long-term)**

**2006-2016**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Base Year Employment** **2006** | **Projected Year Employment** **2016** | **Employment Change 2006-2016** |
| **Code** | **Title** |  |  | **Number** | **Percent** |
|  |  |  |  |  |  |
| 31-1000 | Nursing, Psych & Home Health Aides | 87,352 | 111,399 | 24,047 | 27.53 |
| 31-1011 | Home Health Aides | 25,342 | 36,406 | 11,064 | 43.66 |
| 31-1012 | Nursing Aides, Orderlies/Attendants | 60,847 | 73,555 | 12,7089 | 20.89 |
| 31-1013 | Psychiatric Aides | 1,163 | 1,438 | 275 | 23.65 |

**Sauk Valley Community College District**

**Occupational Employment Projections (Long-term)**

**2006-2016**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Base Year Employment** **2006** | **Projected Year Employment** **2016** | **Employment Change 2006-2016** |
| **Code** | **Title** |  |  | **Number** | **Percent** |
|  |  |  |  |  |  |
| 31-1000 | Nursing, Psych & Home Health Aides | 967 | 1,088 | 122 | 12.58 |
| 31-1011 | Home Health Aides | 242 | 295 | 53 | 21.87 |
| 31-1012 | Nursing Aides, Orderlies/Attendants | 711 | 777 | 66 | 9.34 |
| 31-1013 | Psychiatric Aides | 14 | 16 | 2 | 15.91 |

**Bureau of Labor Statistics**

**Employment Projections**

**Nurse aides, orderlies, and attendants**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2006 employment** | **Projected 2016 employment** | **Change, 2006-2016** |
| **Industry** | **Number** | **Percent distribution** | **Number** | **Percent distribution** | **Number** | **Percent** |
|  |  |  |  |  |  |  |
| Nursing care facilities | 588,648 | 40.67 | 639,742 | 37.39 | 51,094 | 8.7 |
| General medical/surgical hospitals, public & private | 390,867 | 27.01 | 476,002 | 27.82 | 85,136 | 21.8 |
| Community care facilities for the elderly | 132,732 | 9.17 | 182,507 | 10.67 | 49,776 | 37.5 |
| Home health care services | 34,197 | 2.36 | 53,000 | 3.10 | 18,804 | 55.0 |
| Residential mental retardation facilities | 22,713 | 1.57 | 26,299 | 1.54 | 3,586 | 15.8 |

There is a constant and increasing demand for nursing assistants as indicated by regional, state, and national statistics. The 10 year projected need for Nursing Aides is 13-28%, and for Home Health Aides ranges from 22-55%. 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.

|  |
| --- |
|  X 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.

|  |
| --- |
| 1. Both income and expense have grown as a result of program expansion. Expenses remain approximately one-half of income. The program remains profitable with $150,000 positive balance
2. Course fees have been adjusted to meet increased costs for disposables. Part-time instructors are utilized for this program which helps keep costs down.
 |

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

|  |
| --- |
| 80% of handouts and class PowerPoint’s are available online through Blackboard. Instructor forms are available on Blackboard reducing wasteful multiple copies. Tests and CPR books are recycled.  |

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

|  |
| --- |
| Viability could be improved by increasing class size by 10 students per lecture section, decreasing need for additional lecture instructors. Additional lab and classroom space would be needed to allow this to occur. |

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.

|  |
| --- |
|  X 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Number** | **Year 1: Fall Semester** | **Year 1: Spring Semester** | **Year 2: Fall Semester** | **Year 2: Spring Semester** |
| NRS 101&103 | 1 | 1 |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. How many semesters should it take a full-time student to complete this program?

|  |
| --- |
| One |

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?

|  |
| --- |
|  X Yes No |

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

|  |
| --- |
|  X Yes No |

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

|  |
| --- |
|  X Yes No |

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

|  |
| --- |
| None |

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.

|  |
| --- |
|  Activities will be included in the operational plan. X 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?

|  |
| --- |
|  X Yes  No |

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

|  |
| --- |
|  X 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.

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

|  |
| --- |
| **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.”

|  |
| --- |
| All have been assessed. |

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

|  |
| --- |
| As a result of assessment, lecture, lab, and test materials have been standardized. Class information has been expanded in response to state exam results and IDPH regulations. Students are given a math test in NRS 101, areas of deficiency are noted, and students are referred for math tutoring in preparation for Intake and Output Skills required in NRS 103. |

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

|  |
| --- |
| None |

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. X 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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| --- |
| Referrals for math assistance have resulted in 100% pass rate for the Intake and Output Skill. Expanding and standardizing curriculum information has resulted in an IL. State C.N.A. Exam Mean Cluster Scores from 89.28% to 91.66%, well above the state minimum goal of 80%. |

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

|  |
| --- |
| IDPH regulations require corrective action plans for every 6 month cumulative Cluster Scores below 80%. All incoming students will be required to have an IL. State Fingerprint Criminal Background Check. A potential for advanced C.N.A.II training program is being discussed across the state and may be legislated. This course work would be offered at college level only. Medication C.N.A. programs continue to be added in other states, and are being discussed in Illinois. |

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.”

|  |  |  |  |
| --- | --- | --- | --- |
| **Curricular Changes** | **Equipment and/or Supply Needs** | **Facility Needs** | **Personnel and/or Training Needs** |
| C.N.A. Recertification | None | None | None |
| C.N.A. II | Instructional supplies-$10,000 per semester group | Labs and classrooms will not accommodate additional classes.  | Train-the-Trainer-$2,000 per instructor. At least 2 instructors would be needed. |
|  |  |  |  |

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.

|  |
| --- |
|  Activities will be included in the operational plan. X 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?

|  |
| --- |
|  Yes, skip to question 34 We have no full-time faculty. No, continue with question 33 |

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

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| --- |
| Continue to offer staff development opportunities. 20 Continuing Education Units will be required to renew professional nursing license every 2 years starting in 2013 licensure cycle. The college needs to determine a mechanism of support for this as the faculty must be licensed RN’s in the state of Illinois to teach this program. |

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

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

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

|  |
| --- |
| None |

1. Summarize activities that the department will perform so that 100% of faculty participates 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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| --- |
|  X 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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| --- |
| Electronic thermometers do not hold charge through entire class session. 2 wheelchairs need to be replaced, because they pose safety issues for students. |

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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| See above. |

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.

|  |
| --- |
|  Activities will be included in the operational plan. Activities will not be included in the operational plan. X 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.”

|  |
| --- |
| Student Need Services for student special need disability, math tutoring in the LAC, and research using CINAHL materials in the LRC. |

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

|  |
| --- |
| None |

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

|  |
| --- |
| None |

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. X 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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| --- |
| Day time CNA course offerings have full enrollment within days of registration beginning. The evening classes also successfully fill before classes start. Dual credit is also offered with CNA with classroom sites in Prophetstown and Sterling. The CNA regulator meets annually with various employers to secure their feedback on the program, so regional employers have the opportunity to be aware of course offerings. CNA certification is discussed at monthly nursing information meetings.The classes are always full. There is currently no justification for additional marketing. |

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. X 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.”

|  |
| --- |
| Student input by survey indicates overall satisfaction with the program. Adjustments were made to the program in response to student input. Examples of adjustments include but are not limited to: Topics added to curriculum content, test question revisions, evaluative processes added for clinical facilities and power points altered to add critical thinking exercises. Power points were also made available to students through Blackboard. |

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.

|  |
| --- |
|  Activities will be included in the operational plan. X 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.”

|  |
| --- |
| Curriculum revised 7/30/08, in response to revised IDPH Nurse Aide Training Program Curriculum, Illinois Nurse Aide Task List Matrix, and hiring agency interviews. |

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. X 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?

|  |
| --- |
|  X Growing need Level need Declining need |

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

|  |
| --- |
| 1. Create a CNA recertification program.
2. Establish a pre-program orientation to prescreen CNA students for qualifications for acceptance into the program.
3. Increase class lecture enrollment numbers from 20–30. This will allow more students with no increase in lecture credit hour costs and no additional instructors needed. However, current lab space availability is problematic. Nursing lab availability will have to be determined before this increase can be implemented. The additional 10 students will require an additional lab and clinical instructor due to state law ratios of 1 instructor for every 10 students.
4. A full time coordinator is needed in this department. The increase of student population from a maximum of 60 students per year to 360 and the continual additions of state regulations including new implementation of fingerprinting require a great deal of time for coordination. Additionally, we have gone from 2 part time CNA instructors to 12 part time instructors. This also takes a great deal of time to assure adequate communication and training for these instructors. CNA laws/regulations are with Illinois Department of Public Health (IDPH) and are vastly different from the governing body of Illinois Department Financial and Professional Regulation (IDFPR) that regulates nursing. A person with specialized knowledge of the CNA rules and regulations is necessary to deal with issues and allow us to remain current and in compliance.
5. Replace hazardous equipment (Wheelchairs).
6. Monitor CNA II discussions.
 |

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.

|  |
| --- |
|  X 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** | 511614 |

|  |  |
| --- | --- |
| **Degree Type** 03 – AAS20 – Certs. 30ch >30 – Certs. <30ch | 30 Certificate |

|  |  |
| --- | --- |
| **Program Title** | Certified Nurse Assistant Certificate (0E93) |

**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**

|  |
| --- |
| This program has tripled the number of course offerings in an attempt to meet area needs. The CNA program has a successful completion rate of 95–96%. The IL State CNA Mean Cluster Scores have increased from 89.28% to 91.66% in the past five years due to standardization of the curriculum. The state certification pass rate is generally 100% for program completers. The program administrators, faculty and staff work hard to remain current and incorporate the changes in state standards as they occur. Many CNA graduates continue with their education through the LPN or ADN programs offered.The program will be working towards developing a Re-certification course and will monitor the CNA II proposals circulating at the state level. If CNA II legislation passes, the program will react to meeting this need for the community as well. |

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

X Standardized assessments

X Certification and licensure examination results

⁭ Writing samples

⁭ Portfolio evaluation

X Course embedded questions

X Student surveys

X Analysis of enrollment, demographic and cost data

⁭ Other, please specify:

**Statewide Program Issues (if applicable)**

|  |
| --- |
|  The program faculty would like to add additional courses, but Sauk and many other community colleges do not have the building space or funds to create space available for this movement. Statewide occupational demands are projected to increase by 30% over the next decade. Further growth of this program would benefit not only the student but our rural demographic where we have a higher percentage of elderly in our population than the national average. |

**Best Practices Report**

**Optional ICCB Program Review Report**

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

**Title of Best Practice**

|  |
| --- |
|  |

**Programmatic Area**

⁭ Academic Discipline

X Career and Technical Education

⁭ Cross-Disciplinary

⁭ Student & Academic Support Services

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

|  |
| --- |
|  |

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

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| --- |
|  |

**Contact Information**

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

|  |
| --- |
| **SIGNATURES and APPROVALS** |

|  |
| --- |
| **Names and Signatures of the Program Review Team** Add lines if neededSignatures indicate that team members concur with the findings of the program review |
| **Names** (Indicate chair/co-chairs) | **Signatures** |
| Tom Gospodarczyk, Dean of Institutional Research and Planning |  |
| Diana Eisenberg, Chair |  |
| Joan Miller, Co-Chair |  |
| Danette Minks, Instructor |  |
| Nancy Rich, Instructor |  |
| Jessica Edwards, Student Needs Services |  |
| Catherine Dorathy, High School Relations |  |
| Janet Matheney, Coordinator of Counseling |  |
| Traci Snodgrass, Student  |  |
| Judy Skates, Home Care |  |
| Bonnie O’Connell, LTC |  |
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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 |  |
|  |  |
|  |  |
| **Administrative Approvals**Administrative signatures indicate an acceptance of the program review. |
| Program Administrator |  |
| Academic Vice President |  |
| President |  |