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| **Student and Academic Support Services**  Address all fields in the template with an equity lens. If needed, you may provide a link to support your submission. Complete the following fields and provide concise information where applicable. Please do not insert full data sets but summarize the data to completely answer the questions. Concise tables displaying these data may be attached. The review will be sent back if any of the below fields are left empty or inadequate information is provided. | | |
| **College Name:** | |  |
| **Academic Years Reviewed:** | |  |
| **Review Area:** | |  |
| **Review Team**  Please identify the names and titles of staff and faculty who were major participants in the review of this program/service and their role or engagement in this process. | |  |
| **Mission**  How does the program/service contribute to the mission of the college? | |  |
| **Advancement of Equity**  How does the program/service help advance equity? | |  |
| **Service Objectives**  Please provide a brief overview of the program or service being evaluated. What are the overarching goals/ objectives of the program/service? | |  |
| To what extent are these objectives being achieved? Please detail how achievement of program/service objectives is being measured or assessed? | |  |
| **Past Program Review Action**  What action was reported last time the program/service was reviewed? Were these actions completed? If not, what were the identified barriers to action? | |  |
| **Indicator: Need** | | |
| 1.1. Is this program or service statutorily required? If yes, is the college meeting the required elements? How does the college ensure it meets all required elements? | |  |
| 1.2 What is the ***need*** for this program/service and how does the institution determine ***need***? | |  |
| 1.3 If applicable, what is the student usage for this program/service? | |  |
| 1.4 How does the student usage compare to assessed need of the program/service? | |  |
| **Indicator: Cost** | | |
| 2.1 What are the current expenditures of the department? | |  |
| 2.2 How is this program/service funded and what cost-effective strategies are in place to ensure sustainability? | |  |
| **Indicator: Quality** | | |
| 3.1 If applicable, how does the college program/service measure against any quality benchmark and standards? | |  |
| 3.2 How does the college ensure that all staff are qualified and appropriate to overseeing or providing the program/service? | |  |
| 3.3 What, if any, innovations have been implemented within this program/service that other colleges may want to learn about?  How have these innovations had an impact on student success? | |  |
| 3.4 What are the strengths of this program or service? | |  |
| 3.5 What are the challenges or weaknesses of the program/service? | |  |
| 3.6 What tools were utilized to determine program/service strengths and challenges? i.e., student surveys, focus groups, interviews, co-curricular assessment, etc. | |  |
| 3.7 What, if any, continuous improvement processes are in place and utilized to evaluate data and implement solutions?  . | |  |
| 3.8 What disaggregated data was collected, measured, and evaluated to assess program/service effectiveness? | |  |
| 3.9 Were there any identifiable equity gaps in the data? Please explain. | |  |
| 3.10 How is the college seeking opportunities to close the gap and provide equitable access to programs and services? | |  |
| 3.11 How does the program or service address inequities in instructional programs, if appropriate? | |  |

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| **Review Results** | |
| **Intended Action Steps**  Please detail action steps to be completed in the future based on this review with a timeline and/or anticipated dates. |  |
| **To what extent are action steps being implemented to address equity gaps, including racial equity gaps?** |  |
| **Rationale**  Provide a brief summary of the review findings and a rationale for any future modifications. |  |
| **Resources Needed** |  |
| **Responsibility**  Who is responsible for completing or implementing the modifications? |  |