

STUDENT SERVICES COMPREHENSIVE PROGRAM PLANNING AND REVIEW (CPPR)

Only to be completed by those programs scheduled for the year according to the institutional comprehensive planning cycle (i.e. every two or five years).

Program: Planning Year: Last Year CPPR Completed:

Unit: Cluster:

NARRATIVE: STUDENT SERVICES CPPR

Please use the following narrative outline:

I. GENERAL PROGRAM INFORMATION

- A. Program mission (optional).
- B. Brief history of the program.
- C. Include the broad history of the program and significant changes/improvements since the last Program Review.
- D. Describe how the Program Review was conducted and who was involved.

II. PROGRAM SUPPORT OF DISTRICT'S MISSION STATEMENT, INSTITUTIONAL GOALS, INSTITUTIONAL OBJECTIVES, AND/OR INSTITUTIONAL LEARNING OUTCOMES

- A. Identify how your program addresses or helps to achieve the District's Mission Statement.
- B. Identify how your program addresses or helps the District to achieve its Institutional Goals and Objectives, and/or operational planning initiatives.
- C. Identify how your program helps students achieve Institutional Learning Outcomes, if applicable.

III. PROGRAM DATA ANALYSIS AND PROGRAM-SPECIFIC MEASUREMENTS

This should be an update on the data analysis from the last CPPR

Program data is available on the [SLOCCCD Institutional Research and Assessment website](#).

A. [Enrollment](#)

Please review the data and provide analysis of the factors affecting your program's overall enrollment, paying particular attention to recent changes. Please also comment on your program's data and how it compares to the overall college data.

B. [Student Demand \(Fill Rate\)](#)

Please review the data and provide analysis of the factors affecting your program's overall fill rate, paying particular attention to recent changes. Please also comment on your program's data and how it compares to the overall college data.

C. [Efficiency \(FTES/FTEF\)](#)

Please review the data and provide analysis of the factors affecting your program's - FTES/FTEF, paying particular attention to recent changes. Please also comment on your program's data related to the overall college data.

D. [Student Success – Course Completion \(Insert Data\)](#)

Please review the data and provide analysis of the factors affecting your program's overall successful course completion percentage, paying particular attention to recent changes. Please also comment on your program's data and how it compares to the overall college data.

E. [Degrees and Certificates Awarded \(Insert Data\)](#)

Please review the data and provide analysis on the number of degrees and/or certificates awarded, paying particular attention to recent changes.

F. Other Relevant Program Data (optional)

Please provide any other data you think is relevant to your program such as State or National certification exam results, or other data unique to your program.

IV. PROGRAM OUTCOMES, ASSESSMENT AND IMPROVEMENTS: NARRATIVE

- A. Summarize assessment results for program outcomes.
- B. Describe improvement efforts that have resulted from SLO assessment.
- C. Recommend additional improvements to the program based on assessment of outcomes and progress towards Institutional Goals and Objectives and/or Institutional Learning Outcomes.
- D. Recommend changes and updates to program funding based on assessment of program outcomes.
 - For elements that require funding, complete Section D – [Resource Plan](#) Funding Requests.
 - For faculty hiring needs, see Section H – Faculty Prioritization Process.
- E. Identify and describe any budget requests that are related to student learning outcomes assessment results or institutional/programmatic objectives.

V. ANTICIPATED SERVICE CHALLENGES/CHANGES

Suggested Elements:

- A. Regulatory changes
- B. Internal and external organizational changes
- C. Student demographic changes
- D. Community economic changes – workforce demands
- E. Role of technology for information, service delivery and data retrieval
- F. Distance Education impact on services
- G. Providing service to multiple off-campus sites
- H. Anticipated staffing changes/retirements

VI. PROGRAM DEVELOPMENT FORECAST

Suggested Elements:

- A. Description of forecasted program development and objectives, based on information collected in I-IV
- B. Plans for improvement
- C. Support for Institutional Goals and Objectives and Objectives
- D. Student and program outcomes evaluation
- E. Recommendations from external agencies
- F. New service coordination and collaboration – internal and external programs
- G. Anticipated job description revisions based on program changes
- H. Staff training/professional development needs

VII. OVERALL BUDGET IMPLICATIONS

Will be reflected in district planning and budget process

Elements:

- A. Personnel
- B. Equipment/furniture (other than technology)
- C. Technology
- D. Facilities

SIGNATURE PAGE

Faculty, Director(s), Manager(s), and/or Staff Associated with the Program

Instructional Programs: All full-time faculty in the program must sign this form. If needed, provide an extra signature line for each additional full-time faculty member in the program. If there is no full-time faculty associated with the program, then the part-time faculty in the program should sign. If applicable, please indicate lead faculty member for program after printing his/her name.

Student Services and Administrative Services Programs: All full-time director(s), managers, faculty and/or classified staff in the program must sign this form.

Division Chair/Director Name	Signature	Date
------------------------------	-----------	------

Name	Signature	Date
------	-----------	------

Name	Signature	Date
------	-----------	------

Name	Signature	Date
------	-----------	------

Name	Signature	Date
------	-----------	------

Name	Signature	Date
------	-----------	------

Name	Signature	Date
------	-----------	------

- **Program Data Analysis, Assessment and Improvements (Required for Student Services/Administrative Services):**

- **Program Outcomes, Assessments and Improvements (Required for Instruction/Student Services/Administrative Services):**

- **Anticipated Service Challenges/Changes (Required for Student Services/Administrative Services):**

- **Program Development Forecast (Required for Instruction/Student Services/Administrative Services):**

- **Overall Budget Implications (Required for Student Services/Administrative Services):**

- **End Notes/Additional Comments (Required for Instruction/Student Services/Administrative Services):**

C. Commendations/Considerations:

Please provide a list of commendations and considerations based on the CPPR.

Commendations:

Comments in this area summarize how the program has demonstrated its effectiveness.

Considerations:

Comments in this area constitute advice to help the program meet or surpass expectations for effectiveness.

D. Applicable Signatures:

Vice President/Dean

Date

Division Chair/Director/Designee

Date

Other (when applicable)

Date

The above-signed individuals have read and discussed this review. The Director/Coordinator, Faculty, and staff in the program involved in the preparation of the CPPR acknowledge the receipt of a copy of the Vice President/Dean’s narrative analysis. The signatures do not necessarily signify agreement.