

## Program Review Feedback Form

**Program:**  
**Coordinator:**

**Division:**  
**Dean:**

*I. General Information*

*II. Mission/Vision*

**Notes/ Questions from Reviewer**

Notes/ Questions from Reviewer		
1. Mission of the program stated		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
2. Vision of the program stated		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
3. Program mission supports institution mission		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
4. Program addresses relevant aspects of college's strategic plan		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information

*Comments by the reviewer:*

III. *Data Analysis Report*

Notes/ Questions from Reviewer		
1. Data for Key Indicators for Program Degree.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
2. Data for Key Indicators for Program Certificate.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
3. Data for Key Indicators for Credentials, Job Placement, Education/Transfer.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
4. Overall Assessment Data Analysis - Areas of Strength Identified.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
5. Overall Assessment Data Analysis - Areas of Concern Identified.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
6. Program Faculty and Staff Table is complete (Rows 17-20)		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information

*Comments from the Reviewer:*

IV. Data Analysis Report – Financial Information

Notes/ Questions from Reviewer		
1. Budget Portion of Table(s) Completed.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Missing information
2. Areas of Strength Identified.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
3. Areas of Concern Identified.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information

Comments from the reviewer:

**V. Curriculum**

Notes/ Questions from Reviewer		
1. Table is Complete.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Missing information
2. Description of how the program/courses are aligned with discipline and/or industry trends and needs.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
3. Examples provided of how the program is keeping current.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
4. Faculty participation in training/professional development reported for past 3 years.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
5. Plans for additional training/professional development reported.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
6. Best practices identified. What changes, if any?		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
7. Curriculum map, course texts, and materials reviewed.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information

*Comments from the reviewer:*

VI. Assessment

VI. Assessment		
1. Program Learning Outcomes table completed.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Missing information
1. Assessment reports provided (Appendix A).		<input type="checkbox"/> Provided <input type="checkbox"/> Not provided
2. How Assessment is improving Curriculum reported as well as any concerns and solutions.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
3. Areas of strengths of the curriculum identified.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
4. Areas of concerns/challenges of the curriculum identified.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
5. Summary of program changes made based on assessment data.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
6. Areas of strengths of the assessment analysis identified.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
7. Areas of concerns/challenges of the assessment analysis identified.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information

Comments from the reviewer:

*VII. Program Review and Summary*

1. Identified program strengths.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
2. Identified program challenges.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
3. Summary of review.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information

*Comments by reviewer:*

VIII. Dean's Review and Summary

VIII. Dean's Review and Summary		
1. Assessment of Self-Study Provided.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information
2. Initiatives and recommendations for program improvement provided.		<input type="checkbox"/> Complete & Clear information <input type="checkbox"/> Needs some revision <input type="checkbox"/> Missing information

Comments by reviewer:

*IX. External Accreditation*

1. Relevant information from last external evaluation is listed.		<input type="checkbox"/> Provided <input type="checkbox"/> Not provided
2. Annual report, site-visit report, letter of accreditation OR self-study report is submitted		<input type="checkbox"/> Provided <input type="checkbox"/> Not provided <input type="checkbox"/> N/A

*Comments from the reviewer:*



*X. Advisory Committee*

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1. Advisory Committee minutes and agenda for past two years provided.		<input type="checkbox"/> Provided <input type="checkbox"/> Not provided

*Comments from the reviewer:*

**Other/General Comments:**

**Committee Team Lead Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Review Team Members (Please List):** \_\_\_\_\_

**Committee Co-Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VPAA Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_