

# Kaua`i Community College Five Year Comprehensive Program Review (CPR)

At a minimum, each program or unit CPR shall include measures described in [UHCCP 5.202](http://uhcc.hawaii.edu/ovpcc/policies/UHCCP_5.202). Additional measures may also be used for program or unit assessment.

**Program Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessment Period: (e.g., 2018-2023) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program or Unit Mission Statement** (UHCCP 5.202)

**College Mission Statement** (UHCCP 5.202)

**How does your campus program or unit support the college mission?**

## Part I. Executive Summary of Program Status

Summary of previous CPR and/or Annual Program Review (APRU) recommendations by Cabinet, College Council, the Division/Unit Chair, Advisory Board, or other reviewing entity.

Describe program or unit changes made as a result of these recommendations.

### Part II. Program Description (UHCCP 5.202)

|  |  |
| --- | --- |
| **Number of Faculty and Staff** | Faculty (FT): |
| Faculty (Lecturers): |
| Staff: |
| **Date Website Last Reviewed/Updated** |   |
| **Brief History of Program** |  |

### For Instructional Programs ONLY

|  |  |
| --- | --- |
| **Graduate Occupation or Transfer Options** |   |
| **Special Admission Requirements** |   |
| **Credentials Offered** |   |
| **Current Program Articulation Agreements (Institution and Expiration Date)** | Institution: |
| Expiration Date: |
| Institution: |
| Expiration Date: |
| **Distance Education Courses Offered** |  |
| **Early College Courses offered (total number of sections/high school)** | Course Alpha and Number – # sections – High School |
| **Distance Education Programs offered** |  |
| **Current Advisory Board Members/Employer and last meeting date** | Member Name: |
| Employer: |
| Last Meeting Date: |
| **Employer Internships** |  |

### For Non-Instructional Programs ONLY

|  |  |
| --- | --- |
| **Community Partnerships, Advisory Committees, etc.** |   |

### Part III. Analysis of Quantitative Indicators

Include the five years of Annual Review of Program Data (ARPD; all [Instructional programs](http://uhcc.hawaii.edu/ovpcc/policies/UHCCP_5.202_A1B) and [Academic Support](http://uhcc.hawaii.edu/ovpcc/policies/UHCCP_5.202_A2) programs - Library, Technology Resources, Testing Center, Tutoring, and Financial Aid), program-developed metrics (Institutional Effectiveness programs, Office of Continuing Education and Training, campus committees), or metrics required by [UHCCP 5.202](http://uhcc.hawaii.edu/ovpcc/policies/UHCCP_5.202) that are not provided as ARPD ([Administrative Service](http://uhcc.hawaii.edu/ovpcc/policies/UHCCP_5.202_A4) programs and some Student Support [programs](http://uhcc.hawaii.edu/ovpcc/policies/UHCCP_5.202_A3)) under review in table format below (EP 5.202 and UHCCP 5.202).

**The Overall Program Health is** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Describe and discuss demand, efficiency, effectiveness, and overall health categories. For example, what trends have emerged over the past five years? What factors (internal or external) may have contributed to the program or unit health categories? For Career and Technical Education (CTE) programs, provide a discussion on any unmet Perkins Core Indicator that includes contributing factors (UHCCP 5.202).

Based on this analysis, what are the program’s strengths and areas to improve regarding demand, efficiency, and effectiveness (UHCCP 5.202)?

### Part IV. Assessment Data (EP 5.202)

Assessment Results for Program Student Learning Outcomes (PSLOs; see ACCJC Standard I.B.2) or Program Service Outcomes (non-instructional units).

Develop a schedule for PSLO/PSO assessment over the next five years so that within the review period, all PSLOs/PSOs will have been assessed (UHCCP 5.202).

1. List of the PSLOs/PSOs, last date assessed, and next date to be assessed.
2. Assessment findings.
3. Changes that have been made as a result of the assessment findings.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PSLO/PSO** | **Date Last Assessed** | **Findings** | **Improvements Implemented** | **Next Assessment Date** |
|  |  |  |  |  |

### Part V. Curriculum Revision and Review

Minimum of 20% of existing courses are to be reviewed each year so that within the timeframe of the CPR, all courses will be reviewed and revised as appropriate. Indicate when all courses within the program will be reviewed during the next five years.

|  |  |  |
| --- | --- | --- |
| **Course Prefix and Number** | **Date Last Reviewed** | **Next Review Date** |
|  |  |  |

### Part VI. Survey Results

List results of surveys administered during the review timeframe [e.g., student satisfaction, occupational placement in jobs (for CTE programs), employer satisfaction (for CTE programs), CESSE, licensure pass rates, and graduate/leaver].

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| --- | --- | --- | --- |
| **Survey Type** | **Date Administered** | **Date of Next Survey** | **Results** |
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### Part VII. Financials

Provide your program or unit’s budget for each year of this review.

| **Fiscal Year** | **Budget** |
| --- | --- |
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Describe any changes that have occurred regarding services, functions, personnel, facilities, or stakeholders served.

Provide the program or unit’s current resources.

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| --- | --- | --- | --- |
| **Category** | **Current Resource(s)** | **What is needed?** | **Justification** |
| **PERSONNEL** |  |  |  |
| Positions (Faculty) |  |  |  |
| Positions (Staff) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **OPERATING** |  |  |  |
| Supplies |  |  |  |
| Equipment |  |  |  |
| Space/Facilities |  |  |  |
|  |  |  |  |
| **TECHNOLOGY** |  |  |  |
| Hardware |  |  |  |
| Software |  |  |  |

### Part VIII. Results of Prior Year Action Plans (UHCCP 5.202)

|  |  |  |
| --- | --- | --- |
| **Action Plan** | **Anticipated Outcome** | **Actual Outcome** |
|  |  |  |

### Part IX. Analysis of Program

Based on findings in Parts I – VIII, develop a five-year action plan for your program or unit. This should include goals that align with the College Mission, measurable outcomes, benchmarks, and alignment to the College’s Strategic Priorities, and/or Strategic Goals. Be sure to focus on weaknesses identified in ARPD data, PSLO outcomes, results of survey data, financial needs (with timelines), and other data used to assess your unit or program. This plan should guide your program and subsequent APRUs, but may be amended based on new initiatives, updated data, or unforeseen external factors.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal** | **Strategic Goal/Priority (List number)\*** | **Benchmark** | **Desired Outcome** | **Unit of Measure** | **Year(s)****Implemented** |
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\*All Strategic Goals and Priorities are Aligned to the College Mission.

### Part X. Resource Request(s) for next year (Year 1 of the 5-year Plan for your unit or program).

**☐ I am NOT requesting additional resources for my program/unit.**

|  |  |
| --- | --- |
| **Program Goal**  |   |
| **Resource Requested\*** |   |
| **Cost and Vendor** |   |
| **Annual Recurring Cost** |  |
| **Useful Life of Resource** |  |
| **Person(s) Responsible and Collaborators** |   |
| **Timeline** |   |

**\*An approved ITAC Request Form must be attached for all technology requests**