

# **Welcome to Program Review**

Berkeley City College - 2019 Assessment - Service Area or Special Program

Annual Program Update

## **Program Overview**

Please verify the mission statement for your program. If your program has not created a mission
statement, provide details on how your program supports and contributes to the College mission

#### **Program Total Faculty and/or Staff**

Full Time Part Time

Gail Pendleton, Enrollment Services Coordinator

The Program Goals below are from your most recent Program Review or APU. If none are listed, please add your most recent program goals. Then, indicate the status of this goal, and which College and District goal your program goal aligns to. If your goal has been completed, please answer the follow up question regarding how you measured the achievement of this goal.

#### Status

In-Progress

#### College Goal

Ensure Institutional Sustainability: Increase BCC's impact in education through innovation, internal and Destarta collaboration and partnerships, and sufficient resources, both short-term and long-term. Advance Student Access, Equity, and Success

If Completed, What evidence supports completion of this goal? How did you measure the achievement of this goal? Status

In-Progress

College Goal

Raise College Competence: Raise student skills and competencies, and expand their learning experiences, psorthat they can successfully complete their college program.

Strengthen Accountability, Innovation and Collaboration

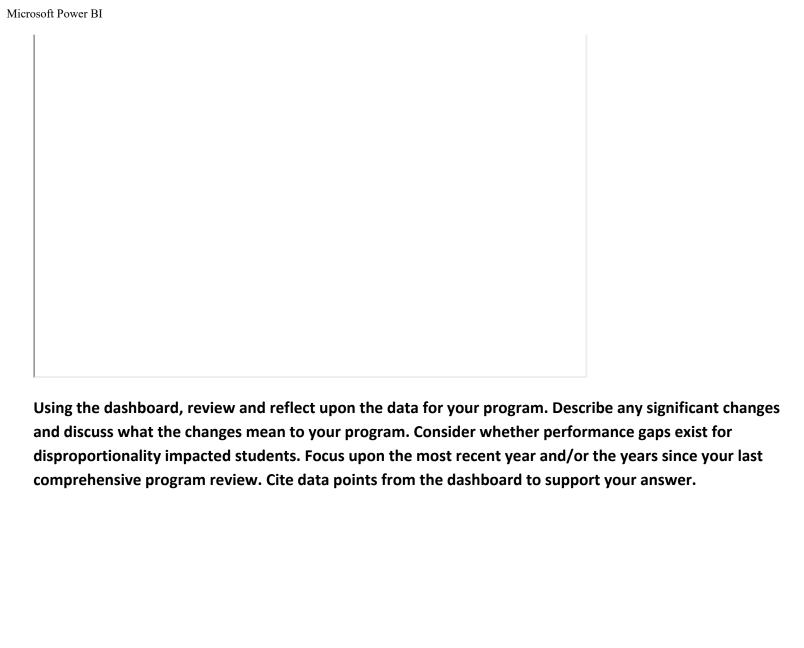
If Completed, What evidence supports completion of this goal? How did you measure the achievement of this goal?

Describe your current utilization of facilities, including labs and other space

### **Program Update**

#### **Semester End Enrollment/Usage Pattern**

Review your Semester End Enrollment by setting the filter to your college and subject





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Describe the outcomes and accomplishments from previous year's funded resource allocation request
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Brief description of funded request

Source (any additional award outside your base

allocation)

Total

Outcome/Accomplishment

Award Amount

In the boxes below, please add improvement actions and resource requests that are directly related to the questions answered in this section. If there are no improvement actions or resource requested in this area, leave blank.

Improvement Action

Improvement

Actions

### **Improvement Action**

Action Item Description To be completed By Responsible Person

### **Resource Request**

Supplies

Noninstructional

Description/Justification

Supplies and Materials

**Estimated Cost** 

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Resource Reques
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Technology and New Equipment

Description/Justification

Estimated Cost

### **Resource Request**

Personnel

Classified Staff

% Time

Description/Justification

Estimated Annual Salary Costs Estimated Annual Benefits Costs

Total Costs

#### **Resource Request**

Personnel Student Worker

% Time Description/Justification Estimated Annual Salary Estimated Annual

Costs Benefits Costs

**Total Costs** 

### **Resource Request Summary**

Total Cost: \$0

Total Resource Request: 0

Program Update

Personnel

No Resources found for this

category

Professional Development

No Resources found for this

category

Technology and Equipment

No Resources found for this

category

Supplies

No Resources found for this category

Facilities

No Resources found for this category

Library

No Resources found for this category

Other

No Resources found for this category

## Sign and Submit

Please provide the list of members who participated in completing this program review.

Gail Pendleton ~ Enrollment Services Coordinator

Please enter the name of the person submitting this program review.