

# **Welcome to Program Review**

Berkeley City College - 2019 Learning Resource Center/LRNRE - Service Area with Instruction

Annual Program Update

<b>Program</b>	Overview
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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

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

# College Goal

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

Advance Student Access, Equity, and Success

goal?

## Status

In-Progress

## College Goal

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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

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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, psothat they can successfully complete their college program.

Advance Student Access, Equity, and Success

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

# Semester End Enrollment/Usage Pattern Review your Semester End Enrollment by setting the filter to your college and subject

and discuss what the changes mean to your program. Consider whether performance gaps exist for disproportionality impacted students. Focus upon the most recent year and/or the years since your last comprehensive program review. Cite data points from the dashboard to support your answer.

Using the dashboard, review and reflect upon the data for your program. Describe any significant changes

Describe the department's progress on Student Learning Outcomes (SLOs) and/or Administrative Unit Outcomes (AUOs) since the last Program Review/APU. If your discipline offers a degree or certificate,

please describe the department progress on Program Learning Outcomes (PLOs).

Describe the outcomes and accomplishments from previous year's funded resource allocation request.

Brief description of funded request

Source (any additional award outside your base allocation)

Total Award Amount

Outcome/Accomplishment

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**

To be completed By Action Item Description Responsible Person

# **Resource Request**

Professional Development

Department-wide PD needed

Description/Justification

Estimated Cost

# **Improvement Action**

Improvement Action			
Action Item	Description	To be completed By	Responsible Person
Resource Request			
Personnel	Classified Staff		
% Time	Description/Justification	Estimated Annual Salary Costs	Estimated Annual Benefits Costs
Total Costs			
Resource Request			
Personnel	Classified Staff		
% Time	Description/Justification	Estimated Annual Salary Costs	Estimated Annual Benefits Costs
Total Costs			
Improvement Action			
Action Item	Description	To be completed By	Responsible Person
Resource Request			
Personnel	Student Worker		
% Time	Description/Justification	Estimated Annual Salary	Estimated Annual

Costs

Benefits Costs

**Total Costs** 

# **Improvement Action**

To be completed By Action Item Description Responsible Person

# **Resource Request**

Facilities Other

Estimated Cost Description/Justification

# **Resource Request Summary**

Total Cost: \$43000

Total Resource Request: 3

Program Update

Personnel

% Time Description/Justification ated **Total Costs** Type Estimated

> **Annual Salary Annual Benefits**

Costs Costs

Student Worker Tutors for online 40000 40000

> courses and additional linked support courses to be offered in English and math in spring

2020

Sub-Total: \$40000

Professional Development

Type Description/Justification Estimated Cost

Department- Transportation and conference 3000

wide PD needed registration fees

Sub-Total: \$3000

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.

Lisa Cook John Saenz

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