Discipline, Department, Unit, Program Name: Click or tap here to enter text.

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| **PART I.** Review of discipline/department/unit/program performance and improvement action plans are to be completed by validation leads. |

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| Berkeley City College 2018-20 Strategic Goals |
| **GOAL I:** Strengthen Resilience: Strengthen BCC students’ abilities to become self-directed, focused and engaged in the pursuit of transformative, life-long learning experiences that result in personal and academic success.**GOAL II:** Raise College Competence: Raise student skills and competencies, and expand their learning experiences, so that they can successfully complete their college program.**GOAL III:** Enhance Career-Technical Education Certificates and Degrees: Enhance BCC’s 1- and 2-year career and technical education programs so that they provide current and transferable skills and competencies to earn a living wage in our area, and to maintain competency for advancement in one’s career. **GOAL IV:** Increase Transfer and Transfer Degrees: Ensure that all of BCC’s programs of study and transfer pathways for degrees prepare students, in a timely manner, for multiple transfer options.**GOAL V:** Ensure Institutional Sustainability: Increase BCC’s impact in education through innovation, internal and external collaboration and partnerships, and sufficient resources, both short-term and long-term. |

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| APU Categories | Validation Criteria | Comments (commendations/recommendations) |
| Program Overview | [ ]  Program mission & goals are completed[ ]  Program goals support & aligned to BCC strategic goals | Click or tap here to enter text. |
| Program OutcomeUpdate | [ ]  Program data prompts were analyzed & reported[ ]  Significant changes were discussed[ ]  Performance gaps for disproportionally impacted students addressed[ ]  Improvement Action Items are supported with evidence | Click or tap here to enter text. |
| Assessment*(Review link to* *Assessment calendar)* | [ ]  Program assessments (SLOs/PLOs/AUOs) are completed on time[ ]  Improvement Action Items are supported with evidence | Click or tap here to enter text. |
| Funded Resource | [ ]  Outcomes and accomplishments were documented[ ]  Not applicable | Click or tap here to enter text. |

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| PART II. Validation Lead Signatures |

**Validation Committee Member**

Name Signature Date

**Curriculum & Assessment Specialist**

Name Signature Date

**Division Dean**

Name Signature Date

**Discipline, Department, or Program Chair’s Acknowledgement of Annual Program Update Feedback**

Name Signature Date

**Received by President/Vice President of Instruction/Vice President of Student Services**

Name Signature Date