



## SKYLINE COLLEGE ANNUAL PROGRAM PLANNING SELF-STUDY

*Note: To complete this form, SAVE it on your computer, then send to your Division Dean/VPI as an ATTACHMENT on an e-mail message.*

**Program Title:**

**Date Submitted:**

**Key Findings:**

### 1. Planning Group Participants (include PT& FT faculty, staff, students, stakeholders)

List of names and positions:

### 2. Contact Person (include e-mail and telephone):

### 3. Program Information

#### A. Program Personnel

Identify the number of personnel (administrators, faculty, classified, volunteers, and student workers) in the program:

**FT Faculty:**

**PT/OL Faculty (FTE):**

**FT Classified:**

**PT Classified (FTE):**

**Volunteers:**

**Student Workers:**

**B. Program Mission and Goals**

State the goals/focus of the program and how the program contributes to the mission and priorities of the College and District. Address how the program meets the current year’s strategic priorities. (200 word limit)

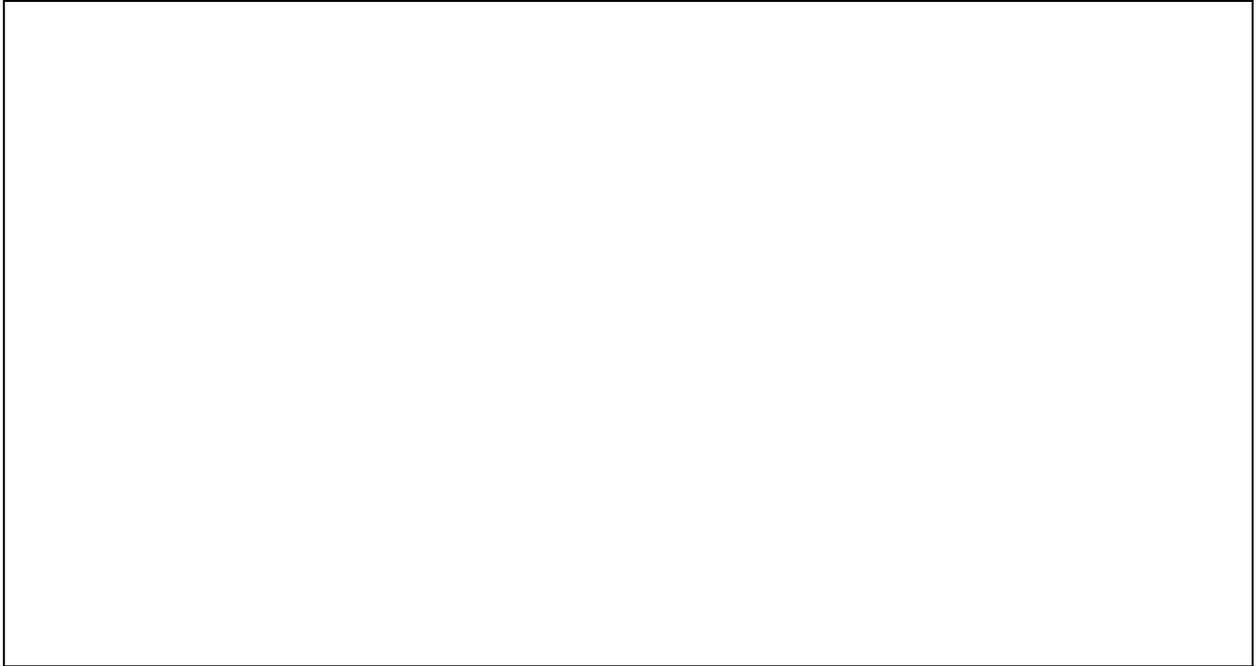
**4. Program/Service Area: Student Learning Outcomes and Program Data**

**A. Summarize recent course and/or program SLO assessment, identify trends and discuss areas in need of improvement. Please attach summary Tracdat reports with assessment and analysis for SLOs evaluated during the year (prior to submission deadline of April 1st)**

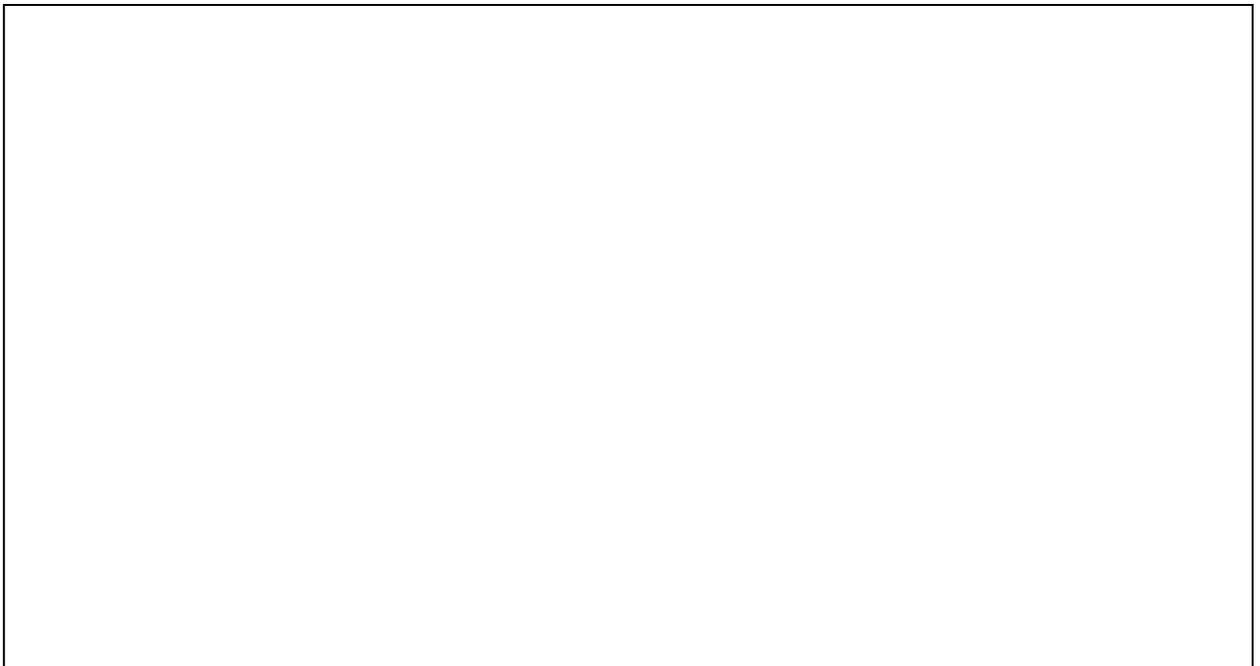
Tool: <https://sanmateo.tracdat.com/tracdat/>

**B. Analyze evidence of Program performance. Review and analyze productivity, student characteristics and outcomes.**

Tool: <http://www.skylinecollege.edu/prie/programdata.php>

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**C. Explain how other information may impact the Program (examples are business and employment needs, new technology, new transfer requirements etc.)**

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## 5. Curricular Offerings

Tools: CurricUNET <http://www.curricunet.com/smcccd>; <https://sanmateo.tracdat.com/tracdat/>

**A. Program Curriculum and Courses. If your program does not offer curriculum please state “N/A”.**

Respond to the following:

- What new courses (excluding individual Selected Topics [665] topics and Experimental [680/880] courses) have you added to your program curriculum in the past academic year? List by Department, Course Number and Course Title.
- If you have not done so already, please email the TracDat Coordinator to request that these courses to be added to TracDat.
- Have you uploaded SLO's for your new courses in TracDat?
- Have you mapped course-level SLOs to PSLOs and ISLOs?
- Have you uploaded an assessment method (need not be specific) for each course?

## **B. Identify Patterns of Curriculum Offerings**

Respond to the following:

- What is the planning group's 2-year curriculum cycle of course offerings by certificates and degrees?
- What is the ideal curriculum cycle?
- Discuss any issues.

## **6. Response to Previous Annual Program Plan & Review**

**List any recommendations for the program and your responses to these recommendations based on previous Annual Program Plan and/or CTE Professional Accreditation report.**

## 7. Action Plan

**Provide your action plan based on the analysis and reflections provided in the previous sections. Note – resource requests should be connected to action plans.**

Respond to the following:

- Describe data and assessment results for Program Student Learning Outcomes. Analyze and reflect on assessment results for Program Student Learning Outcomes and other measures of Program performance.
- Analyze and reflect on other evidence described in previous sections. Identify the next steps, including any planned changes to curriculum or pedagogy.
- Identify questions that will serve as a focus of inquiry for next year.

## 8. Resource Identification

### A. Professional Development needs

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### B. Office of Planning, Research & Institutional Effectiveness requests

Actions:

- List data requests for the Office of Planning, Research & Institutional Effectiveness.
- Explain how the requests will serve the Student/Program/Division/College needs.

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### C. Faculty and Staff hiring, Instructional Equipment and Facilities Requests Complete the following table:

**Annual Program Planning Resource Needs**  
**Program \_\_\_\_\_ Date \_\_\_\_\_**

|                   | What are the needs?  | How does this request align with your assessment of student outcomes? | How does this request align with your action plan? | What is the estimated cost for facilities and equipment? |
|-------------------|----------------------|---|--|--|
| <b>Personnel</b>  | 1.<br>2.<br>3.       |   |  |  |
| <b>Equipment</b>  | 1.<br>2.<br>3.<br>4. |   |  |  |
| <b>Facilities</b> | 1.<br>2.<br>3.<br>4. |   |  |  |