



Skyline College

Comprehensive Program Review Feedback Form – Curriculum Committee

Program _____ Division _____

Curriculum Committee

Date

Member Reviewer _____

Reviewed _____

The purpose of this form is to provide feedback to the Department/Program.

Program Learning Outcomes Assessment Cycle (PLOs)	Incomplete Information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
1. Reviewed 5-year data and identified changes that occurred in the program as a result of the PLO assessment cycle.				
2. Explained how the assessment plan for PLOs measured quality and success of each program.				
3. Summarized assessment results of PLOs.				
4. Described and summarized other data that reveals program performance.				
Comments/Questions:				

Curriculum offerings and Student Learning Outcomes Assessment Cycle (SLOs)	Incomplete Information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
1. Provided TracDat and CurricUNET data in the appendix.				
2. Identified patterns of curriculum offerings.				
3. Reviewed 2-year curriculum cycle of course offerings to ensure timely completion of certificates and degrees.				
4. Identified strengths of the curriculum.				
5. Identified issues and possible solutions.				

6. Identified plans for future curricular development and/or program modification.				
Comments/Questions:				

Program Level Data	Incomplete Information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
1. Reviewed 5-year data to describe trends in student success, retention, and demographics.				
2. Analyzed trends and discussed plans to address significant findings.				
3. Identified changes in business, community and employment needs, new technology, and new transfer requirements could affect the Program.				
Comments/Questions:				

Action Plan	Incomplete Information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
1. Identified reflections on Department/Program needs and goals.				
2. Identified an action plan as a focus of inquiry for the next year.				
Comments/Questions:				

Faculty and Staff hiring needs	Incomplete Information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
1. Justification is consistent with accurate data and fits Department/Division/College needs				
Comments/Questions:				

Classroom and Instructional Equipment Needs	Incomplete Information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
1. Completed source/cost information (item description, suggested vendor, number of items, total cost).				
2. Justification is consistent with Department/Division/College needs.				
Comments/Questions:				

Office of Planning, Research & Student Success data needs	Incomplete Information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
1. Justification is consistent with Department/Division/College needs.				
Comments/Questions:				

Facility needs	Incomplete Information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan

1. Justification is consistent with Department/Division/College needs.				
Comments/Questions:				

Executive Summary	Incomplete Information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
1. Identified program strengths.				
2. Identified program challenges.				
3. Identified action plans summary				
Comments/Questions:				

Other/General Comments:

Curriculum Committee Co-Chair Signature _____ Date _____

Curriculum Committee Co-Chair Signature _____ Date _____

VPI Signature _____ Date _____