|  |
| --- |
| **WHY DO A PROGRAM REVIEW?** |

As a part of accreditation, the Higher Learning Commission (HLC) requires institutions to have an established process to regularly review all programs. Every institution is allowed the latitude to develop and administer a review process that is suited to the institution’s unique circumstances and needs.

The ICCB requires all instructional programs and all student and academic support services to conduct a program review at least once every five years. The program review process should…

* Examine the need for the program, its quality, and its cost of operation.
* Involve employees of the unit as well as individuals not employed in the unit.
* Examine current information and data.
* Produce results that are considered in campus planning, quality improvements, and budget allocation decisions.

The College’s annual program review report to the ICCB comes from the approved program reviews.

The purpose of Sauk’s program review process is to promote continuous improvement and to link those improvements to other internal processes, including curriculum development, assessment, budgeting, facility planning, and to the strategic plan through operational plans.

|  |  |
| --- | --- |
| **TIMELINE** | |
| April/May | Units informed that they are scheduled to conduct a program review in the fall |
| Beginning of the fall semester | Program review orientation sessions conducted |
| Fall semester | Units conduct their program reviews |
| **December 1** | **Program reviews are due** |
| Early Spring semester | Unit’s administrator and the Program Review Committee will consider program reviews, request revisions, and approve final reviews |
| April 1 | Equipment Requests, Personnel Change Requests, and Major Project Requests from *approved* program reviews, will be forwarded for consideration in the budget allocation process |
| End of spring semester | Instructional units submit next year’s operational plans, including all activities identified in the program review |
| Early July | Student and academic support services submit next year’s operational plans, including all activities identified in the program review |

|  |
| --- |
| **INSTRUCTIONS** |

* The program review is to be conducted by a team of 5 to 10 individuals consisting of the following:
  + Department/unit staff
  + Department/unit administrator
  + 1 or 2 employees not part of the department
  + 1 or 2 students
  + 1 or 2 community members/non-SVCC employees
* Use this document as a template. Do not use alternate formats.
* Complete all items on all pages
* The ICCB Best Practices Report may describe the entire unit or a specific practice. *This is the only optional component* of the program review
* Insert the names of the program review team on the Signatures and Approval page
* Complete any appropriate request forms:
  + Equipment Request
  + Personnel Change Request
  + Major Project Request
  + Request forms are available in *FAST* under *Documents and Forms*
  + Requests will be forwarded to the budget allocation process, *after all program review revisions have been submitted and the review has been approved by the Program Review Committee*. The requests will not be forwarded to the budgeting process until the Committee informs the unit that the review has been approved.
* The approval process:
  + Submission of the review alone does not constitute approval
  + The Program Review Committee may request additional analysis, clarification, or information, and will not approve the review until it is satisfied that its requests have been addressed
    - Reviews must be *approved by April 1* for requests to be forwarded for budgetary consideration
  + The program administrator may request a meeting to discuss the review and/or request modifications, and approves the review after the Committee approves it
  + The President provides the final approval of every review

|  |
| --- |
| **HOW to SUBMIT the PROGRAM REVIEW** |

* Program reviews are **due on December 1**
* The program review, appropriate request documents, and any other support documents should be submitted as an e-mail attachment to:
  + The program’s immediate administrative supervisor (dean or vice president), *and*
  + The chair of the Program Review Committee, Janet Lynch.
* A printed copy of the review *is not required*, and is discouraged.
* A printed copy of the Signatures and Approval page, with signatures from all team members, should be sent to the Program Review Committee chair, Janet Lynch.

|  |
| --- |
| **ALIGNMENT WITH THE COLLEGE MISSION** |

**College Mission**

Sauk Valley Community College is an institution of higher education that provides quality learning opportunities to meet the diverse needs of its students and community.

**College Vision**

Sauk Valley Community College will be recognized as a benchmark institution of higher education that provides exceptional learning opportunities in response to the diverse needs of its students and community.

**Program Mission**

|  |
| --- |
| The Department of Art offers a traditionally based course of study dedicated to providing thorough training and understanding for students planning careers in art. Degree options available are the AFA and the AA. |

|  |
| --- |
| **VIABILITY COMPONENT**  The viability component focuses on quantitative analysis and the need for the program. |

|  |
| --- |
| **SECTION A: ENROLLMENT & RETENTION DATA** for major field required courses  Resources: Data Table 1  Operational Plans |

1. Describe a) the five-year enrollment trends, and b) results of the efforts to increase enrollment that were implemented since the last program review.

|  |
| --- |
| 1. The enrollment drop following the FY06 and FY07 highs may be due to the loss of the full-time art instructor who was not replaced. Enrollments were increasing as facilities were remodeled under the direction of the full-timer. Art saw a decrease of 250 to 300 credits per year after the faculty member left. Recent enrollment increases probably mirror college wide increases due to the economy. 2. Studio classes offered during the summer has helped students keep on track for transferring. They also provide opportunities to complete classes that may have been canceled during the academic year. |

1. Describe a) the five-year retention trends, and b) results of the efforts to improve retention that were implemented since the last program review.

|  |
| --- |
| 1. The yield rate drop to 85% was also probably due to loss of the full-time art instructor. 2. Strong adjunct faculty have brought retention rates back up to comparable rates as to when the full-timer was here. No department-wide efforts to retain students were conducted, but efforts which were coordinated among individual adjuncts were conducted. |

1. Describe what can be done to improve these trends during the next five years.

|  |
| --- |
| 1. A full-time faculty member would be critical to program growth and retention (Current economic climate will prevent any action for the immediate future) 2. More discussion and greater coordination among adjuncts (Dr Pearl will initiate) 3. A designated art gallery with art shows of student work (Included as part of master plan) |

1. Summarize activities to improve the trends discussed in this section in the operational plan and code as PA. Indicate below if activities will be included in the operational plan.

|  |
| --- |
| X Activities will be included in the operational plan. (*b above*)  Activities will not be included in the operational plan. |

|  |
| --- |
| **SECTION B: PROGRAM COMPLETIONS & TRANSFERS**  Resources: Data Table 2  Operational Plans |

1. Describe a) the five-year successful completion trends, and b) results of the efforts to improve the trends that have been implemented since the last program review.

|  |
| --- |
| 1. The drop in program completions follows the loss of the full-time faculty member. This was compounded by a turnover in adjuncts in the spring FY09, where several new adjuncts came to Sauk, some of whom were new to college teaching. There was no full-time to mentor the new adjuncts. 2. Without a full-time faculty member to coordinate a department wide effort, efforts were limited to individual faculty members |

1. Describe any recurring problems related to IAI approved courses transferring to universities and what needs to be done to obtain resolution, ***OR*** if there were not any recurring problems, indicate “None.”

|  |
| --- |
| None |

1. Summarize the activities that the department will perform to improve the trends or respond to the issues identified in this section and code as PB. Indicate below if activities will be included in the operational plan.

|  |
| --- |
| Activities included in the operational plan  X No activities included in the operational plan |

|  |
| --- |
| **SECTION C: PROGRAM FINANCES**  Resources: Data Table 3  Operational Plans |

1. Describe a) the five-year income vs. expense trends, and b) results of the efforts to improve financial viability that were implemented since the last program review.

|  |
| --- |
| 1. The net income increased when the full-time faculty member left the department. Art was profitable for 4 of the 5 years reviewed. 2. Without a full-time faculty member to coordinate, there were no department-wide efforts to improve financial viability |

1. Describe the results of the program’s efforts to go “green.”

|  |
| --- |
| Paint rags and turpentine are separated from other trash and disposed of safely and properly. |

1. Describe how the program’s financial viability may be improved.

|  |
| --- |
| The suggestions for a full-time faculty member and a designated art gallery would combine to increase enrollments and improve financial viability. Adjuncts cannot coordinate additional meeting times due to scheduling constraints outside of the college. |

1. Summarize activities to improve the program’s financial viability in the operational plan and code as PC. Indicate below if activities will be included in the operational plan.

|  |
| --- |
| \_\_\_\_\_ Activities will be included in the operational plan.  \_\_X\_\_\_ Activities will not be included in the operational plan. |

|  |
| --- |
| **QUALITY COMPONENT**  The quality component focuses on qualitative analysis and issues. |

|  |
| --- |
| **SECTION D: COURSE SCHEDULING** |

1. Provide the program schedule by listing each required course by course number and indicating each semester in which it is planned to be offered.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Number** | **Year 1: Fall Semester** | **Year 1: Spring Semester** | **Year 2: Fall Semester** | **Year 2: Spring Semester** |
| *NOTE: Only courses required for a degree program are listed below:* | | | | |
| ART101 | X |  | X |  |
| ART102 |  | X |  | X |
| ART113 | X |  | X |  |
| ART114 |  | X |  | X |
|  |  |  |  |  |
| ART120 | X |  |  | X |
| ART121 |  | X |  |  |
| ART122 |  |  | X |  |
| *NOTE: ART 120, 121, and 122 are on a three semester rotating schedule* | | | | |
|  |  |  |  |  |
| ART202 | X |  | X |  |
| ART203 | X |  | X |  |
| ART213 |  | X |  | X |
| ART214 |  | X |  | X |
| ART225 | X | X | X | X |
| ART250 |  | X |  | X |
| ART251 |  | X |  | X |

1. How many semesters should it take a full-time student to complete this program?

|  |
| --- |
| 4 |

1. During the past five years, have courses been offered and properly sequenced so a student could complete the program in the number of semesters specified above?

|  |
| --- |
| X Yes *NOTE: ART102 was canceled once which put students behind and required them to remain for an extra semester; otherwise the classes are offered in sequence*  No |

1. During the past five years, have scheduling conflicts been avoided by coordinating the days and times that courses are offered?

|  |
| --- |
| X Yes  No |

1. During the past five years, have scheduling conflicts been avoided by coordinating schedules with other required courses, outside of this area?

|  |
| --- |
| X Yes  No |

1. Describe scheduling changes that may be needed during the next five years and the rationale for the changes, ***OR*** indicate “None.”

|  |
| --- |
| None |

1. Summarize activities that the department will perform to correct scheduling problems and make future scheduling changes in the operational plan and code as PD. Indicate below if activities will be included in the operational plan, ***AND/OR*** if issues have already been corrected.

|  |
| --- |
| Activities will be included in the operational plan.  X Activities will not be included in the operational plan.  Issues have already been corrected. |

|  |
| --- |
| **SECTION E: CURRICULUM: COURSE OUTLINES** |

1. Have 100% of course outlines been reviewed and updated at least once during the past five years?

|  |
| --- |
| *Unknown: department will investigate and plan to updated any that are needed*  Yes  No |

1. Are 100% of course outlines and syllabi aligned?

|  |
| --- |
| X Yes  No |

1. Summarize activities to correct course outline issues in the operational plan and code as PE. Indicate below if activities will be included in the operational plan, ***AND/OR*** if issues have already been corrected.

|  |
| --- |
| X Activities will be included in the operational plan. *Dr Pearl will initiate action for #19 above*  Activities will not be included in the operational plan.  Issues have already been corrected. |

|  |
| --- |
| **SECTION F: CURRICULUM: ASSESSMENT**  Resources: Assessment folder, Program/Discipline Data |

1. List the program/discipline objectives that have NOT been assessed in this five-year period and indicate whether these will be assessed, eliminated, or replaced, ***OR*** indicate “All have been assessed.”

|  |
| --- |
| Uncertain. Will add to operational plan and follow up as needed |

1. Describe the results of the curriculum changes ensuing from assessment activities that were implemented since the last program review, ***OR*** indicate “None.”

|  |
| --- |
| None |

1. Describe the status of any budget requests resulting from assessment activities since the last program review, ***OR*** indicate “None.”

|  |
| --- |
| None |

1. Summarize activities related to assessment issues in the operational plan and code as PF. Indicate below if activities will be included in the operational plan.

|  |
| --- |
| X Activities will be included in the operational plan. *Dr Pearl will initiate action for #22 above*  Activities will not be included in the operational plan. |

|  |
| --- |
| **SECTION G: CURRICULUM: CURRICULAR CHANGES**  Resources: Assessment Summary Reports  Operational Plans |

1. Describe the positive or negative impacts of the curricular changes made during the past five years.

|  |
| --- |
| The only curricular change was the creation of the digital arts certificate, which was reviewed separately |

1. Describe possible changes in transfer requirements or content that may be *imposed* on the program during the next five years, ***OR*** indicate “None.”

|  |
| --- |
| None |

1. Describe anticipated curricular changes that the department will propose during the next five years and the accompanying needs that will be required, or indicate “None.”

|  |  |  |  |
| --- | --- | --- | --- |
| **Curricular Changes** | **Equipment and/or Supply Needs** | **Facility Needs** | **Personnel and/or Training Needs** |
| None |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Summarize activities that the department will perform to make curricular changes in the operational plan and code as PG. Indicate below if activities will be included in the operational plan.

|  |
| --- |
| Activities will be included in the operational plan.  X Activities will not be included in the operational plan. |

|  |
| --- |
| **SECTION H: FACULTY** |

1. Have 100% of full-time faculty participated in professional development during the past 5 years?

|  |
| --- |
| *There are no full-time faculty in department*  Yes, skip to question 32  No, continue with question 31 |

1. Describe what can be done to assure that 100% of faculty participate in professional development during the next 5 years?

|  |
| --- |
|  |

1. Will faculty need any *specialized* professional development in the next year?

|  |
| --- |
| Yes, continue with question 33  X No, skip to question 34 |

1. Summarize the *specialized* professional development what will be needed, who will participate and estimated expenses.

|  |
| --- |
|  |

1. Summarize activities that the department will perform so that 100% of faculty participate in professional development during the next 5 years in the operational plan and code as PH. Indicate below if activities will be included in the operational plan.

|  |
| --- |
| Activities will be included in the operational plan.  X Activities will not be included in the operational plan. |

|  |
| --- |
| **SECTION I: EQUIPMENT AND SUPPLIES** |

1. Identify current deficiencies in equipment, software, and/or supplies that negatively impact the program (be as specific as possible), ***OR*** indicate “None.”

|  |
| --- |
| More easels are required when classes fill |

1. Identify new and/or replacement equipment, software, and/or supplies which are anticipated during the next five years, with cost estimates, ***OR*** indicate “None.” Do not include items associated with the curriculum changes noted in Section G.

|  |
| --- |
| None |

1. Summarize activities to acquire the needed equipment, software, and supplies in the operational plan and code as PI, ***OR*** submit a completed *Equipment Request Form*. Indicate below if activities will be included in the operational plan, and if an *Equipment Request Form* is attached.

|  |
| --- |
| Activities will be included in the operational plan.  Activities will not be included in the operational plan.  X A completed *Equipment Request Form* accompanies this program review. *Ms Gorgas will complete and submit an equipment request directly to Dr Pearl for processing* |

|  |
| --- |
| **SECTION J: SUPPORT SERVICES**  Definition: College services that are *specific to this program*, which are utilized by students outside of the classroom (i.e. tutoring in the LAC, special materials in the LRC, etc). |

1. Describe the program specific support services that are currently available to students, ***OR*** indicate “None.”

|  |
| --- |
| There are not any program specific support services used currently. In the past students created their own art group but the group disbanded when the students transferred from Sauk |

1. Describe gaps in the program specific support services that are currently available and identify possible solutions, ***OR*** indicate “None.”

|  |
| --- |
| Art history student s could benefit from tutoring in LAC |

1. Describe any changes in the need for support services that are anticipated to occur during the next five years, ***OR*** indicate “None.”

|  |
| --- |
| None |

1. Summarize activities to expand or correct the gaps in support services in the operational plan and code as PJ. Indicate below if activities will be included in the operational plan.

|  |
| --- |
| X Activities will be included in the operational plan. *Dr Pearl will discuss art history tutors with LAC*  Activities will not be included in the operational plan. |

|  |
| --- |
| **SECTION K: MARKETING**  Definition: Systematic efforts aimed at attracting new students to the program. |

1. Describe how the program can be better promoted and marketed.

|  |
| --- |
| Program visibility is needed. The art gallery would be a tool for attracting attention to the program as art shows would be promoted to the community and would attract students, visiting artists, and community members. A full-time faculty member could create stronger connections with other local art galleries. |

1. Summarize activities to better promote and market the program in the operational plan and code as PK. Indicate below if activities will be included in the operational plan.

|  |
| --- |
| Activities will be included in the operational plan.  X Activities will not be included in the operational plan. |

|  |
| --- |
| **SECTION L: STUDENT INPUT**  Definition: Systematic efforts aimed at obtaining student opinions and suggestions for improving the program.  Resources: Operational Plans |

1. Describe what was gained from seeking student input since the last program review ***OR*** indicate “None was sought.”

|  |
| --- |
| None was sought |

1. Summarize activities to obtain student input in the operational plan and code as PL. Indicate below if activities will be included in the operational plan.

|  |
| --- |
| Activities will be included in the operational plan.  x Activities will not be included in the operational plan. |

|  |
| --- |
| **SECTION M: NON-STUDENT INPUT**  Definition: Systematic efforts aimed at obtaining information regarding program content and improvement from informed sources other than students, for the purpose of keeping the program current and relevant.  Resources: Operational Plans |

1. Describe what was gained from seeking non-student input since the last program review ***OR*** indicate “None was sought.”

|  |
| --- |
| Contacts with The Last Picture Show and Woodlawn Arts Academy are maintained and cooperative efforts are made when appropriate.  The Milwaukee Institute of Art and Design has worked with Sauk and some students have transferred there.  No other input was sought |

1. Summarize plans to obtain input from non-student sources in the operational plan and code as PM. Indicate below if activities will be included in the operational plan.

|  |
| --- |
| Activities will be included in the operational plan.  X Activities will not be included in the operational plan. |

|  |
| --- |
| **SECTION N: NEED AND GROWTH POTENTIAL** |

1. What is the projected level of need for the program, during the next five years?

|  |
| --- |
| X Growing need *More students are showing interest and enrolling in sections and more adjuncts are being sought*  Level need  Declining need |

1. List the top five priorities to strengthen the program during the next five years.

|  |
| --- |
| 1. Full-time faculty member 2. Art gallery 3. Additional priorities would be determined by the full-time faculty member’s areas of interest and their recommended areas of focus |

1. Summarize plans to address the top five priorities in the operational plan and code as PN. Indicate below if activities will be included in the operational plan.

|  |
| --- |
| Activities will be included in the operational plan.  X Activities will not be included in the operational plan. |

**ACADEMIC DISCIPLINE PROGRAM REVIEW SUMMARY REPORT**

**Required ICCB Program Review Report**

**Sauk Valley Community College Academic Year 2009 – 2010**

|  |  |
| --- | --- |
| **Discipline Area** | Art AA and Art AFA |

**Improvements & Rationale for Action**

|  |
| --- |
| The full-time faculty member who left the College was not replaced due to financial constraints, but the program has remained strong. Adjunct faculty have worked hard to maintain the program. |

**Principle Assessment Methods Used in Quality Assurance for this Program**

⁭ Standardized assessments

⁭ Certification and licensure examination results

X Writing samples

X Portfolio evaluation

⁭ Course embedded questions

X Student surveys

⁭ Analysis of enrollment, demographic and cost data

⁭ Other, please specify:

**Statewide Program Issues (if applicable)**

|  |
| --- |
| None identified |

**BEST PRACTICES REPORT**

**Optional ICCB Program Review Report**

**Sauk Valley Community College Academic Year 2009 – 2010**

**Title of Best Practice**

|  |
| --- |
|  |

**Programmatic Area**

X Academic Discipline

⁭ Career and Technical Education

⁭ Cross-Disciplinary

⁭ Student & Academic Support Services

**Description of the innovation/best practice (150 word limit)**

|  |
| --- |
|  |

**What are the results/measurable outcomes?**

|  |
| --- |
|  |

**Contact Information**

|  |
| --- |
| Sauk Valley Community College  Name & Title:  Phone Number:  E-mail Address: |

|  |
| --- |
| **SIGNATURES and APPROVALS** |

|  |  |
| --- | --- |
| **Names and Signatures of the Program Review Team** Add lines if needed  Signatures indicate that team members concur with the findings of the program review | |
| **Names** (Indicate chair/co-chairs) | **Signatures** |
| Dr. Donald Pearl |  |
| Suzanne Gorgas |  |
| Thomas Gospodarczyk |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Program Review Committee** | | |
| This Program Review is complete and acceptable. | |  |
| This Program Review is complete but the conclusions ***are not*** fully substantiated. | |  |
| This Program Review is incomplete and unacceptable. | |  |
| Comments are attached (optional) | |  |
| Program Review Committee Chair/Co-Chair |  | |
| Date |  | |
| Program Review Committee Co-Chair |  | |
| Date |  | |

|  |  |
| --- | --- |
| **Administrative Approvals**  Administrative signatures indicate an acceptance of the program review | |
| Dean |  |
| Academic Vice President |  |
| President |  |