Program Review
Instrument

INSERT PROGRAM NAME

Northeast □
Northwest □
South □
Southeast □
Trinity River □

(Type “X” in the box if the program is offered on the campus)

Review Year XXXX-XXXX
Program Name:

Date of Review: (include start and end date of review)

Date of Last Program Review: (include start and end date of review)

Name of Preparer(s): Replace this sentence with the name(s) and title of all faculty members who participated in the development of this review

Academic Year(s) Covered by this Review:

Purpose:
Program Review is a part of the institution's overall institutional effectiveness and planning process. It is a critical self-study designed to systematically evaluate what a program is doing, how well a program is operating, and how a program can be strengthened. This process focuses on the need for the search for the true state of the program, the identification of accomplishments, the need for improvement with recommendations for implementing the identified improvements, and the development of information to be used for improvement of the program.

Note:
The College’s mission statement, role and scope, and Vision 2015 Strategic Plan Goals are given on the next page. In completing this instrument be specific as to how the program contributes to the mission and goals.
Mission Statement

Tarrant County College provides affordable and open access to quality teaching and learning.

Role and Scope

The College implements its mission through a clearly defined set of programs, services, and partnerships that include:

- University transfer programs
- Workforce education programs
- Technical programs
- Developmental courses
- Adult literacy courses
- Continuing education and community services
- An extensive curriculum
- A commitment to institutional effectiveness—an ongoing process of self-examination, self-improvement, and an unending pursuit of excellence.

Vision 2015 Strategic Plan Goals

Support student learning and success through excellence in teaching and learning, support services, flexible instructional delivery systems, student engagement, learning outcomes assessment, and dynamic curricula.

Ensure affordability, accessibility and diversity reflective of the community

Promote institutional effectiveness through continuous improvement, collaboration with and service to the community, employee engagement, professional development and optimal environment conducive to quality teaching and learning
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TARRANT COUNTY COLLEGE PROGRAM REVIEW

SECTION I
Focus Statement, Purpose, Functions, & Goals

1. State the focus statement of this program.

2. Insert the current program goals.

3. List the names of Degree(s) and/or certificate(s) awarded by program.

4. List job opportunities for which these degree(s) and/or certificate(s) prepare students.
(Suggestion-create an appendix of job information using sources such as the Career Outlook Handbook to project future employment trends)

5. Discuss the activities performed by this program that support the mission and goals of the institution.
(Include supporting materials in the Appendix)
6. Discuss changes or innovations implemented in the program since the last program review was completed.

<table>
<thead>
<tr>
<th>Date</th>
<th>Change or Innovation</th>
<th>Goal #</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

(Add additional lines as needed)

7. What was the rationale for each of these changes?

8. Explanation of how the changes listed above meet the program goals?

9. Is this program area linked to other programs or departments in the college? _____ If yes, explain how the programs are linked?

10. Impact these changes had on other departments?
SECTION II
Program Assessment

When answering the questions below, describe how the program assessments address the program goals and the Institutional Student Learning Outcomes (ISLO).

1. Summarize all IAPs completed by all faculty members who teach in this program. Include information such as: How many assessments were completed? How many students were assessed? What program goals and course objectives were assessed? (Include supporting materials in the Appendix)

2. What were the findings for these assessments?

3. How will the results from the assessment be used? Discuss how the program will be changed, or how the results validate the strengths of the program.

   Discuss the need for
   a. addition or deletion of courses,

   b. changes needed to improve student learning outcomes,
c. changes in classroom instruction style,

d. requests for new equipment or technology,

e. other.

4. What do the results suggest about the program?

5. What was the most important thing learned from these assessments?
6. What is next year’s plan for assessing student learning outcomes?
   a. In technical courses?

   b. In general education courses?
1. Summarize each advisory board meeting since last program review.

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Number of Committee Members</th>
<th>Number of Committee Members in attendance at meeting</th>
<th>Meeting Minutes attached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
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<tr>
<td></td>
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<td>Yes/No</td>
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</tbody>
</table>

(Add additional rows if needed, attach meeting minutes as an appendix)

2. Summarize gender, ethnic diversity, and company size of the advisory board members.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>#</th>
<th>Female</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Large Company</td>
<td>#</td>
<td>#</td>
<td>Small Company</td>
<td>#</td>
</tr>
<tr>
<td>Ethnicity</td>
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<td></td>
</tr>
<tr>
<td>Asian</td>
<td>#</td>
<td></td>
<td>Black</td>
<td>#</td>
</tr>
<tr>
<td>Hispanic</td>
<td>#</td>
<td></td>
<td>Other</td>
<td>#</td>
</tr>
<tr>
<td>Caucasian</td>
<td>#</td>
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</tbody>
</table>

3. Discuss or summarize recommendations of the advisory committee.

4. Will these recommendations be implemented? ____ If yes, explain how the recommendations will be implemented. If no, explain why not.

   a. How will the program be impacted?

   b. What will be the estimated financial impact of the implementation?
1. Supply the information requested below for all full-time and part-time personnel.

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Status (FT/PT)</th>
<th>Primary Campus</th>
<th>Faculty Rank</th>
<th>Service Length</th>
<th>Highest Degree</th>
<th>Certifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>name</td>
<td></td>
<td></td>
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<tr>
<td>Insert or delete rows as needed</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Support Positions</th>
<th>Status (FT/PT)</th>
<th>Highest Degree</th>
<th>Primary Campus</th>
<th>Position classification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

1. Is the number of faculty and staff adequate to support the program area? If no, explain.

2. List professional development opportunities staff in this program area participated at TCCD and outside of TCCD? (conferences, courses, workshops, professional organization meetings, professional organization officers, etc.) Include supporting materials in the Appendix

3. Are there areas of unmet professional development needs among faculty and staff in this program area? If so, list those areas of need.
1. List licensure pass rates, certification pass rates, or similar measures of student success.

2. Report the number of graduates for each certificate and degree that is specific to this program. (Office of Program development will provide data)

<table>
<thead>
<tr>
<th>School Year</th>
<th>Certificate/Degree Name</th>
<th>Number of Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

3. List student awards, scholarships, employment, or other student successes and discuss why these are noteworthy to the program.

4. List examples of exemplary community service or student leadership and explain why these are worth mentioning in the program review.

5. List and discuss extraordinary student success stories, or student success feedback.
### Section VI: Resources

#### 1. **Estimate** the program area's expenses and revenues for the current year:

**Estimate of Expenses and Revenues Year XXXX-XXXX**

(Office of Program Development will assist with this section)

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Number</th>
<th>Estimated Salary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of full time faculty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of sections taught by adjuncts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department Budget</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department Secretary (estimate % of time to this program)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Expenses (1)</strong></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

#### Revenues

**Tuition Calculations**

Do not list individual courses; only use the total number of courses offered for each credit hour range.

<table>
<thead>
<tr>
<th>Cr. Hrs</th>
<th>Total Enrollments</th>
<th>Tuition</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example (Cr Hrs<em>Total Enrollments</em>Tuition= Total) DELETE THIS LINE WHEN COMPLETED</td>
<td>3</td>
<td>29</td>
<td>$50 $4350</td>
</tr>
</tbody>
</table>

How many 3 hour courses                                               | 3       | $50     |

How many 4 hour courses (add additional lines if program offers courses of other Cr. Hr. lengths) | 4       | $50     |

**Tuition Total (2)**

#### Formula Funding Calculations

Contact Office of Program Development for your program specific formula rate

<table>
<thead>
<tr>
<th>Contact Hours</th>
<th>Total Enrollments</th>
<th>Formula Rate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>Contact Hrs<em>Total Enrollments</em> Formula Rate= Total (the formula rate supplied is the reimbursement rate less the funding rate percentage) DELETE THIS LINE WHEN COMPLETED</td>
<td>80</td>
<td>487 $3.82 $148,863</td>
</tr>
</tbody>
</table>

How many enrollments in 48 contact hour courses                       | 48     |

How many enrollments in 64 contact hour courses (add additional lines if needed) | 64     |

**Total Program Financial Contribution**

<table>
<thead>
<tr>
<th>Total Formula Funding (3)</th>
<th>Total Revenues (4) = (2 + 3)</th>
<th>Total Formula Funding (2) + Tuition Total (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Total Revenues \((4) = (2 + 3)\) Total Formula Funding \((2) + \) Tuition Total \((3)\)

Program Financial Contribution \(= (4 - 1)\) Total Revenues \((4) - \) Total Expenses \((1)\)
2. Does the program have adequate classroom space, desks, and similar infrastructure to meet the instructional needs of the program? ____ If no, explain.

3. Does the program have adequate and properly functioning equipment to meet the instructional needs of the program? _____ If no, explain.

4. Does the program have adequate computers and similar technology equipment to meet the instructional needs of the program? _____ If no, explain.

5. Does the library have an adequate collection of materials related to this program area to support the educational needs of the students enrolled in this program? _____ If no, explain.

6. Does the program receive an adequate budget allocation to meet the operational needs of the program? ____ If no, explain.
(Include supporting materials in the Appendix)

1. List the names of any classes in this program that have not made in the last two years.

2. Discuss the current enrollment trends for this program.
1. List and comment on major accomplishments of the program area. Be specific.

2. In order of priority, list and comment on areas needing improvement, if any. Be specific.

Recommendations

1. In order of priority, list recommendations the program area must initiate for program improvement. Be specific.
1. Review and Comments by the dean

The dean(s) overseeing the Program Area addresses this section in response to the Program Review. (Multicampus programs should be reviewed by all deans who administer the program area.)

Additional Comments:

Dean’s Signature ___________________________ Date ____________
This section is to be completed by the District Assessment Committee. The program review should be reviewed by a minimum of three committee members.

**Note:** While the Office of Program Development oversees the completion of this instrument, this section is intended to give stakeholders an opportunity to review, comment, and sign the Program Review.

1. Reviewers names:

a.) Program reviewer name
   (Please Print)
   __________________________________________
   Program reviewer signature
   __________________________________________
   Date __________

b.) Program reviewer name
   (Please Print)
   __________________________________________
   Program reviewer signature
   __________________________________________
   Date __________

c.) Program reviewer name
   (Please Print)
   __________________________________________
   Program reviewer signature
   __________________________________________
   Date __________

2. Reviewers comments:
3. Review and Comments by the Vice President(s)

The Vice President(s) overseeing the Program Area addresses this section in response to the Program Review.

Additional Comments:

Vice President’s Signature ___________________________ Date ___________

4. Review and Comments by the President(s)

The President(s) overseeing the Program Area addresses this section in response to the Program Review.

Additional Comments:

President’s Signature ___________________________ Date ___________
List items in the appendix:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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