PROGRAM - SELF-STUDY REVIEW (SSR)

TITLE OF PROGRAM (INSERT HERE)

Section I: General Information

1. **Program name:**	
2. **Cycle (4 years):**	
3. **Date:**	
4. **Division(s):**	
5. **Dean over the program:**	
6. **Coordinator/Director:**	
7. **Program Start Date:**	
8. **Date of Last Review:**	
9. **External Accreditation Status:**	

Person(s) completing review:_____

Date:_____

Section II: Mission/Vision

Mission of KCKCC: Inspire individuals & enrich our community one student at a time.

Vision of KCKCC: Be a national leader in academic excellence & partner of choice in the communities we serve.

1. **State the Mission Statement of the Program:**

2. **State the Vision Statement of the Program:**

3. **Identify and provide examples on how the program addresses relevant aspects of the college's strategic plan:**

Section III: Data Analysis Report – Student, Faculty, and Industry Outlook

Key Indicators	Goal	AY2019	AY2020	AY2021	AY2022	AY2023	PLUS/MINUS (add a +/- if the goal was met/not met)		
Program Degree							FY19	FY20	FY21
# of Students Declaring Program Degree as Major	Goal:								
# of Students Enrolled in Declared Program Degree	Goal:								
# of Students Completing Declared Program Degree	Goal:								
Student Retention Rate for Degree Program (%)	Goal:								
% of Program Degrees Awarded	Goal:								
Program Certificate									
# of Students Declaring Program Certificate as Major	Goal:								
# of Students Enrolled in Declared Certificate Program	Goal:								
# of Students Completing Declared Certificate Program	Goal:								
Student Retention Rate for Certificate Program (%)	Goal:								
% of Program Certificates Awarded	Goal:								
Credentials, Job Placement, Education/Transfer									
Credentials Attempted	Goal:								
Credentials Obtained	Goal:								
Credential %	Goal:								
Placement in Program Related Jobs	Goal:								
Students Continuing their education/transferring	Goal:								

Licensure or Exam Pass Rate (for programs requiring license to practice)	KCKCC Average							
	State Average							
	National Average							
Job Demand (regional/state) – list location of data								
Wage Outlook Information (regional/state)								
Faculty Comments								

Overall assessment - "Data Analysis – Student, Faculty, and Industry Outlook" data:

1. Areas of strengths:

2. Areas of concern/challenges:

3. Other comments (optional): If the program is offered at multiple locations use this area to describe specific differences in data.

Additional Data Information: Separate data by location (if applicable)

	AY18/19	AY19/20	AY20/21	AY21/22	AY22/23
Number of FT Faculty:					
Number of Adjunct Faculty:					
Number of FT Staff:					
Number of Part-time Staff:					

4. Comments (Optional):

Location:

Key Indicators	FY2018	FY2019	FY2020	FY2021	FY2022
Budget Codes					
Budget:					
Budget:					
Budget:					
Budget:					
Budget:					
Budget:					

Location:

Key Indicators	FY2018	FY2019	FY2020	FY2021	FY2022
Budget Codes					
Budget:					
Budget:					
Budget:					
Budget:					
Budget:					
Budget:					

Financial Data Overall Assessment

1. Areas of strength:

2. Areas of concern/challenge(s):

3. Comments, optional:

SECTION V: Curriculum

	Yes or No
1. Is the curriculum plan reviewed to ensure course offerings for timely completion of programs?	
2. Are syllabi reviewed at least once every three (3) years?	
3. Does each syllabus support the current curriculum?	
4. Are all program faculty involved in the review of course syllabi?	
5. Do syllabi conform to the college approved format?	
6. Do faculty in all sections utilize the approved course syllabus?	
7. Does the program have a published curriculum map?	
8. Is the curriculum map reviewed at least once every three (3) years?	
9. Are course texts and materials reviewed at least once every three (3) years?	
10. Does the program have an active advisory committee/board?	

Review the curriculum of your program by collaborating with personnel in those areas to complete the following questions.

11. Describe how the program courses are aligned with industry trends, transfer requirements, and community needs. List examples of how the program is keeping current (i.e., Articulation agreements).

12. Do all faculty members attend trainings/professional development to maintain and learn updated skills as recommended by the discipline and/or industry standards? List trainings/professional development opportunities faculty members have attended in the past 3 years. Are there additional plans for training and/or professional development? If so, identify them.

13. How are best practices being maintained? What changes, if any, are needed to maintain best practices? How is assessment used to improve the curriculum? If there are concerns, what solutions are taking place to address the concerns?

14. By whom is the curriculum map reviewed?

15. By whom are course texts and materials reviewed?

<div align="center"><u>**SECTION VI: Assessment**</u></div>

Program Learning Outcomes

	Fall 2018- Spring 2019	Fall 2019- Spring 2020	Fall 2020- Spring 2021	Fall 2021- Spring 2022
1.				
2.				
3.				
4.				
5.				

Analysis of Assessment Data:

6. Identify strengths regarding the curriculum (Reference section V).

7. Identify any concerns/challenges regarding the curriculum (Reference section V).

8. Summary of program changes made based on assessment data (over the last four years):

9. Areas of strengths identified from assessment analysis:

10. Areas of concern/challenges identified from assessment analysis:

11. Comments, optional:

Section VII: Program Review and Summary

Review the information completed in the SSR with the personnel in the program. Collaborate and respond to the following questions as a summary for your SSR.

What are the strengths of the overall program?

What are the challenges of the overall program?

Summary of overall review.

Names of person(s) completing SSR	
Signatures of person(s) completing SSR	
Date completed	
Date sent to Dean	
Dean the SSR is being sent to	

Section VIII - Dean's Overall SSR Summary and Initiative

Provide an assessment of the program's self-study:

Identify initiatives and recommendations for program improvement to focus on during the 4-year cycle:

Dean completing the summary, print name	
Dean signature	
Date completed	
Date sent to VPAA and PRC	

Section IX - VPAA Executive Summary of Program SSR

Provide an assessment of the program's self-study:

Identify initiatives and recommendations for program improvement to focus on during the 4-year cycle:

VPAA, print name	
VPAA signature	
Date signed	
Date sent to PRC	

Upload all Advisory Committee Agendas and Minutes for the past 2 years.

Appendix B: Assessment Documents.

Appendix C: Accreditation Documents