Annual Mini-Program Review for Budget Requests
Revisions for Fall 2012

Based on input from faculty reviewers, committees, chairs, deans and the VPSL.

Signature Page

Budgetary Requests:
Instructional Equipment Section
- Instructional Equipment
- Instructional Technology Software Items
- Instructional Technology Hardware For Lab/Classroom
- Miscellaneous Instructional Materials

Supplies

Non-Instructional Requests  (To Be Filled Out By Dept Chairs)
- Equipment
- Other Non-Instructional Costs

Faculty
- New Tus Or Additional Sections Requests
- Ft Faculty Needs

Non-Instructional Support Staff
- Additional Staffing Requests

Summary  (changed 2011)

Department Chairs Comments
(one additional Question 2012)

Area Directors And Dean’s Comments
(one additional Question 2012)

Program Review Committee Comments

Submission Page With Check-Off List

Resources
Justification Questions:

1. Is this equipment required to meet Title 5 and/or Ed Code? If so, how? (Cite code) Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

2. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?

3. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?

4. What student learning or other outcomes are expected? Is it important to the achievement of student goals? How will these outcomes be measured for future planning? What data or evidence supports your request?

5. Additional Justification for this item:
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4. What student learning or other outcomes are expected?  Is it important to the achievement of student goals?  How will these outcomes be measured for future planning?  What data or evidence supports your request?
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4. What student learning or other outcomes are expected? Is it important to the achievement of student goals? How will these outcomes be measured for future planning? What data or evidence supports your request?
5. Additional Justification for this item:
II. Miscellaneous Instructional Materials Account

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, PRAC.

Note: This is for things to help faculty teach — not necessarily used directly by students, such as supplemental materials, audio/visuals/maps, subscriptions, etc.

Annual Cost  Previous Cost  Discipline Area

What kind of things do you generally use this money for?

Justification for Item (See Rating Rubric)

1. Who will use these materials? How? Will it be shared with other disciplines?

2. How will these materials benefit student learning?
Please fill out this section for both Instructional and Non-Instructional Supplies! Include the account numbers & choose the item circled below:

Justification Questions:
1. Is this equipment required to meet Title 5 and/or Ed Code? If so, how? (Cite code) Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)
2. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?
3. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?
4. What student learning or other outcomes are expected? Is it important to the achievement of student goals? How will these outcomes be measured for future planning? What data or evidence supports your request?
5. Additional Justification for this item:
Justification Questions:
1. Who will use these supplies or equipment?
2. How will access for students be improved?

Categories:
- Office Supply Budget
- Office computers
- Office Software
- Other Office Equipment (ie: printers, telephones)
- Faculty computers
- Faculty software
- Other
Non-Instructional Requests
Part II: Other Non-Instructional Costs/Contract Services
This section will be filled out by the Department Chair
ACRT-2011

II. Other Non-Instructional Costs
This section will be filled out by the Department Chair and reviewed by the Area Dean, PRAC.
Note: Service Contracts: maintenance, repairs, laundry, hazardous waste removal, etc.

Categories:
- Insurance
- Accreditation Costs
- Dues/membership
- Registration or entry fees
- Recruiting and marketing costs
- Awards/graduation costs
- Athletics: Umps and referees
- Athletics: Meals and Travel
- Service Contracts (maintenance, repairs, laundry, hazardous waste removal, etc.)
- Other (describe)

Status:
- New one time only
- New ongoing
- Previously funded ongoing
- Previously funded (increased cost)

Justification: Please comment on request in terms of how it benefits your program, faculty and/or students:
Additional Teaching Unit Requests

II. Additional Unit requests for NEW classes or extra sections (requests for returned units has different process).

For What Class: Units/Class Number of Sections/Year Existing or New Course

To meet Program requirements for the following:
Health and/or Safety Scheduling
Title 5 / Ed. Code Waitlists (Lack of sections)

Other:

If it is for a new course, has the outline been submitted and approved by curriculum, UDWC and the Board?

Justification for new units:
1. Why do you feel this is an important addition to your overall curriculum and/or number of offerings?
2. Is it or will it be required for a degree or certificate?
3. Is it a new state law requirement?
4. How will this improve access, student learning outcomes and success?
5. Do you have evidence to support the need for your request? If so, please explain and/or attach.

Shared Resources: If you have requested additional units that will be used by more than one department, please indicate here. Please indicate which disciplines and/or departments and the number of combined students/faculty or classes he/she would serve. Please indicate how it will improve access or outcomes and if it is needed for health and safety concerns or required by law.
Faculty Requirements

III. FT Faculty Needs (Please fill this out ONLY if you are stating a need for new full time faculty in your area.)

1. **Please indicate if there are NO FT faculty in your discipline.** Please provide data regarding the length of time this discipline has been without a full time instructor.

2. **Non-availability of part-time instructors in a subject area.** Please provide evidence demonstrating the difficulty in finding part-time instructors to teach in the subject area.

3. **New FT Faculty:** How many NEW FT faculty have been hired in past 10 years? Please list each faculty name and the year of employment. If this instructor is shared with another department, please list the equivalent FTE% for your department. Please list instructional equivalencies as necessary and if faculty member was the result of retreat rights.

4. **Reduction in department TUs as a result of FT Faculty retirements or other significant causes?** Please provide data that illustrates a change in teaching unit allocation as a direct result of FT faculty retirements within your department and how this may change in the coming year(s).

5. **Other reasons:** Have there been other causes for a reduction in units in your discipline? If so, please explain and provide evidence.

6. **Changes in Student Demand:** Recent or forthcoming growth as a result of added sections due to enrollment demands. Provide evidence that illustrates the need for additional faculty due to increased student demand such as numbers of sections added and/or courses with waitlist totals showing a need for additional sections. What is the % of FTEF for this increase in units? If there has been a decline in student growth, please explain why.

7. **Current of forthcoming changes** that illustrate the immediate need of additional FT faculty within this department. Please outline all relevant circumstances that justify the priority of a FT hire in addition to those already outlined above. Consider changes in the field, changes in the job market and population shifts.

8. **Program Review Findings:** Indicate what trends you identified in your last program review that support the need for full time faculty hires. Tie these to the department and college mission.

9. **Other considerations:** Include such information as matriculation needs, changes in student demand or community and job market needs, response to legislation, or rapid growth of the discipline.

10. **Shared Resources:** If you have requested additional units or FT faculty that will be used by more than one department, please indicate here. Please indicate which disciplines and/or departments and the number of combined students/faculty or classes he/she would serve. Please indicate how it will improve access or outcomes and if it is needed for health and safety concerns or required by law.
# Additional Staff Requests

Request for additional support staff (clerical, lab tech, IS, comp tech, tutor, etc.)

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<tr>
<th>Purpose</th>
<th>Type</th>
<th>Hours/Week</th>
<th>To support: # of Students/classes</th>
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<tbody>
<tr>
<td><strong>Purpose =</strong></td>
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<tr>
<td>Clerical</td>
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<td>Instructional Specialist</td>
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<td>Computer Tech</td>
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<td>Tutoring</td>
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**Justification:** Please address the following areas as applicable. How will it be used? How will instruction be improved for student learning and success? How will access be improved? What student learning outcomes are expected? How will the outcomes be measured? What data or evidence is supplied to support your justification?

**Shared Resources:** If you have requested additional staff that will be used by more than one department, please indicate here. Please indicate which disciplines and/or departments and the number of combined students/faculty or classes he/she would serve. Please indicate how it will improve access or outcomes and if it is needed for health and safety concerns or required by law.
Summary Section:

I. Fall 2009 Requests Summary
   a. Please summarize the main requests you have made in this program review in order of your priority starting with the most important one.
   b. Summarize briefly why you want each one.
   c. Summarize your overall rationale.

DEPARTMENT CHAIR COMMENTS

1. Please rate the instructional equipment requests, technology requests and other instructional materials requests sections. Please comment especially on any specific priorities without which this program cannot function.

2. Please comment if additional units or faculty have been requested.

3. For Instructional/Student Services PR: What are your priorities if asked to make further reductions? (Please be specific and address staffing, units/classes, supplies, service contracts, etc.) What reductions have already been implemented in recent years?

Area Directors and Deans Comments

1. Please rate the instructional equipment requests, technology requests and other instructional materials requests sections. Please comment especially on any specific priorities without which this program cannot function.

2. Please comment if additional units or faculty have been requested.

3. Please itemize expenses currently covered by external funds that may revert back to general funds.

4. For Instructional/Student Services PR: What are your priorities if asked to make further reductions? (Please be specific and address staffing, units/classes, supplies, service contracts, etc.) What reductions have already been implemented in recent years?

Program Review Committee Comments
SUBMISSIONS PAGE CHECK-OFF

☐ SIGNATURE PAGE
☐ INSTRUCTIONAL EQUIPMENT SECTION
☐ INSTRUCTIONAL TECHNOLOGY SOFTWARE ITEMS
☐ INSTRUCTIONAL TECHNOLOGY HARDWARE FOR LAB/CLASSROOM
☐ INSTRUCTIONAL OPERATING SUPPLIES
☐ MISCELLANEOUS INSTRUCTIONAL MATERIALS
☐ SUPPLIES and EQUIPMENT SECTION
☐ OTHER NON-INSTRUCTIONAL COSTS SECTION
☐ NEW TUS OR ADDITIONAL SECTIONS REQUESTS
☐ FT FACULTY NEEDS
☐ ADDITIONAL STAFFING REQUESTS
☐ SUMMARY
☐ DEPARTMENT CHAIR COMMENTS
☐ AREA DEANS AND DIRECTORS’ COMMENTS
☐ PROGRAM REVIEW COMMITTEE COMMENTS

DATE OF FACULTY SUBMISSION:
DATE OF DEPARTMENT CHAIR SUBMISSION:
DATE OF AREA DEAN’S SUBMISSION: