

**Annual Program Review 2012-2013 – INSTRUCTIONAL REPORT**

**Division - Program**

**EMERGENCY MEDICAL TECHNICIAN**

**Authorization**

After the document is complete, it must be reviewed and submitted to the Program Review Committee by the Division Chair.

Author: Click here to enter text. Division Chair: Click here to enter text.

Date Received by Program Review: Click here to enter a date.

**1.0. Trend Analysis**

For each program within the division, use the data provided to indicate trends (e.g., steady, increasing, decreasing, etc.) for each of the following measures.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program** | **Academic Year** | **FTES Trend** | **FTEF Trend** | **WSCH / FTEF Trend** | **Full-Time % Trend** | **Fill Rate Trend** | **Success Rate Trend** | **Awards Trend** |
| EMT | 2008-2009 | 57 | 1 | 1,416 | 0.0% | 97.5% | 53.8% | 0 |
|  | 2009-2010 | 70 | 1 | 1,836 | 0.0% | 110.2% | 58.1% | 0 |
|  | 2010-2011 | 53 | 2 | 845 | 0.0% | 95.1% | 60.4% | 0 |
|  | 2011-2012 | 62 | 3 | 754 | 0.0% | 118.3% | 50.3% | 0 |
|  | % Change | +8.5% | +103.9% | -46.8% | +0.0% | +20.9% | -3.5% | -- |
|  | Four-Year Trend | stable | increasing | decreasing | stable | increasing | stable | -- |

**1.1** Describe how these trends have affected student achievement and student learning:

Click here to enter text.

**1.2** Please explain any other relevant quantitative/qualitative information that affects the evaluation
 of your program?

Click here to enter text.

 **2.0. Student Learning and Curriculum**

**Course Level**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **SLOAC Course Count** |  | **% of Courses Assessed** |
| 2010-2011 | 2 | 100.0% | 0.0% |
| 2011-2012 | 2 | 100.0% | 100.0% |
| % Change |  | +0.0% | +100.0% |
| Four-Year Trend |  | stable | increasing |

Provide the following information on each department and program within the division.

|  |  |  |  |
| --- | --- | --- | --- |
|  **List each program within the division**  | **Active Courses with Identified SLOs** | **Active Courses Assessed**  | **Course Sections Assessed**  |
|  |  N / N |  % | N / N |  % | N / N | % |
| Emergency Medical Technician |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**2.1** Please comment on the percentages above.

Click here to enter text.

**2.2** Using the results from your division/departments recent assessment reports, please summarize any pedagogical or curricular changes that have been made as a result of your course assessments.

Click here to enter text.

**2.3** Please list all courses which have been reviewed in the last academic year.
*Note:* *Curriculum Review is required by the Chancellors Office every 6 years.*

Click here to enter text.

**Degree, Certificate, Program Level**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List each degree and certificate, or other program\* within the division** | **AA/AS****DegreePLO Identified** | **AA/AS****DegreeAssessment Cycles** **Completed** | **CertificatePLO Identified** | **Certificate Assessment Cycles** **Completed** |
|  | **YES** |  **NO**  |  **YES** |  **NO** |  **YES** |  **NO** |  **YES** |  **NO** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**2.4** Please comment on the percentages above.

Click here to enter text.

**2.5** Using the results from your division/departments recent assessment reports, please summarize any. changes that have been made as a result of your program level assessments. Your summary should include a summation of the results of all degrees, certificates, and other programs which were recently assessed.

Click here to enter text.

**2.6** Please list all degree/certificate programs within the division that were reviewed in the last academic year.

Click here to enter text.

**2.7** What recent activities, dialogues, discussions, etc. have occurred to promote student learning or improved program/division processes in the last year?

Mark an “X” in front of all that apply.

|  |  |
| --- | --- |
|  | Curricular development/revisions of courses |
|  | Curricular development/revision of programs |
|  | Increased improved SLO/PLOs in a number of courses and programs |
|  | Other dialog focused on improvements in student learning |
|  | Documented improvements in student earning |
|  | Increased/improved SLO/PLOs in a number of courses and programs |
|  | New degree or certificate development |
|  | Best Practices Workshops |
|  | Conference Attendance geared towards maintaining or improving student success |
|  | Division Retreat in 2011-2012 |
|  | Division or department attendance at Staff Development activity geared towards maintaining or improving student learning |
|  | Division Meeting Minutes |
|  | Reorganization |

Please comment on the activities, dialogues, and discussions above

Click here to enter text.

**3.0 Reflection and Action Plans**

**3.1** Based on your data and analysis presented above, as well as on issues or items that you were unable to discuss above, comment on the Strengths and Weaknesses of the Program

 **Strengths**

List the current strengths of your program
1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

**3.2 Weaknesses**

 List the current weaknesses of your program

 1. Click here to enter text.

 2. Click here to enter text.

 3. Click here to enter text.

**3.3** Using the weaknesses, trends and assessment outcomes as a basis for your comments, please briefly describe any future plans and/or modifications for program/division improvements. Any plans for reorganization should also be included, along with a resource request if applicable.

|  |  |  |
| --- | --- | --- |
|  Plans or Modifications | Anticipated Changes/ Improvements  | Link to EMP, Plans, SLOs, PLOs, ILOs |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Format Rev. 9.21.12

**2012 PROGRAM REVIEW**  **Section 4
Resource Request**

**I:EMT-**

**Program Name**

***Resource Request Description***

**Mark Type of Request:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Facilities/Maintenance |  | Computer Hardware for Student Use |
|  | Classroom Upgrade |  | Computer hardware or Faculty Use |
|  | Instructional equipment |  | Software/Licenses/Maintenance/Agreements |
|  | Non-Instructional Equipment |  | Conference/Travel |
|  | Supplies |  | Other |

**4.1** Clearly describe the resource request.

Amount requested: Click here to enter text.

Breakdown of cost, if applicable.

Click here to enter text.

**4.2** Funding

|  |  |
| --- | --- |
|  | Requires One Time Funding |
|  | Requires Ongoing Funding |
|  | Repeat Request |
|  | Year(s) Requested |

**4.3** Please check if any off the following special criteria apply to this request:

|  |  |
| --- | --- |
|  | Health & Safety Issue |
|  | Accreditation Requirement |
|  | Contractual Requirement |
|  | Legal Mandate |

Please explain how/why this request meets any of the above criteria.

 Click here to enter text.

**4.4** Justification and Rationale: What EMP Goal, plan, SLO, PLO, or ILO does this request address? Please use information from your report to support your request.

Click here to enter text.

**4.5** What measurable outcome will result from filling this resource request?

Click here to enter text.

***APPROVAL***

|  |  |
| --- | --- |
|  ***AGENCY*** | ***DECISION***  |
| The Program Review Committee has reviewed the information in this request and finds it to be: |  COMPLIANT |  |
|  NON COMPLIANT OR INCOMPLETE  |  |
| 1. Request not adequately described or incomplete
 |  |
| 1. Request not linked to assessments or assessments not completed
 |  |
| 1. Request not linked to EMP, plan or SLO,PLO or ILO
 |  |
| 1. Report Incomplete
 |  |
| PRC Comments |  |

*Form Revised 9.19.12*

*Reports determined to be “Non-Compliant” will be returned to the division member responsible. Reports must be resubmitted with needed changes to the Program Review Office. Requests will not move forward in the budget process if the report or request is Non-Compliant.*