**PROGRAM REVIEW VALIDATION RUBRIC**

NAME OF UNIT OR DEPARTMENT:

DATE:

REVIEWER:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | N/A | DID NOT COMPLETE | NEEDS DEVELOPMENT | RESPONSE ADEQUATE |
| RELATION TO MISSION & VISION |
| A.1 program components  |  |  |  |  |
| A.2 program mission  |  |  |  |  |
| TREND ANALYSIS |
| B.1 evaluation of flagged trends |  |  |  |  |
| STUDENT LEARNING & CURRICULUM |
| C.1 course assessments |  |  |  |  |
| C.2 program learning outcome assessment |  |  |  |  |
| C.3 summary of changes |  |  |  |  |
| PROGRAM EVALUATION & NEEDS |
| D.1 distance education |  |  |  |  |
| D.2 technology |  |  |  |  |
| D.3 currency |  |  |  |  |
| D.4 staffing |  |  |  |  |
| D.5 staffing |  |  |  |  |
| D.6 duplication of services |  |  |  |  |
| PROGRAM PLAN |
| E program goal  |  |  |  |  |
| PREVIOUSLY FUNDED RESOURCE REQUESTS |
| F previously funded requests (identification, impact, measurement) |  |  |  |  |
| CURRENT RESOURCE REQUESTS |
|  |  |  |  |  |
| SUMMARY NARRATIVE  |
|  changes made |  |  |  |  |
| **RESULTS**(circle one) | if any checked | if any checked | If all checked |
| **RETURN TO UNIT** | **RETURN****TO UNIT** | **VALIDATED** |

REVIEWER’S COMMENTS:

The validation results will apply to all resource requests associated with this program.

The resource requests associated with validated program reviews move forward.

The resource requests associated with program reviews that are returned to unit do not move forward. If unit resubmits adequate follow-up, the associated resource requests will move forward.