**2016-2017 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) |  |  |  |  |
| SUMMARY NARRATIVE | | | | |
| changes made |  |  |  |  |
| **RESULTS**  (select one) | | if any box checked above | if any box  checked above | If all boxes  checked above |
| **RETURN TO UNIT**  ☐ | **RETURN**  **TO UNIT**  ☐ | **VALIDATED**  ☐ |

MORE COMMENTS:

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

VALIDATED = associated resource requests move forward.

RETURN TO UNIT = associated resource requests do not move forward. If resubmission is adequate, the resource requests will move forward.