2011-12
<u>SSPBT Annual Program Review Update</u>

GENERAL INFORMATION

PROGRAM NAME: (Double-click in the green box to enter information)

EOPS/CARE

NAME: Name of person or persons that completed this APRU form.

Truly Hunter & Michele LeBleu-Burns

I. PROGRAM DESCRIPTION

A. What are the primary support purposes of this program? (Choose (x) all that apply)

	Basic Skills	**X**	Access		Learning Resources
X	Degree	**X**	Success		Academic Services
X	Transfer	**X**	Retention	**X**	Personal Enrichment
X	Career/Technical	**X**	Persistence	**X**	Student Cohort

X	Other	(Explain)	Financial Assistance (Book voucher and grants)

B. What is the **<u>Mission Statement</u>** for this program?

EOPS/CARE program is committed to assisting student in their quest for individual growth, academic success, career and transfer goals by offering support services.

C. How many students does this program serve? (Approx. annually unduplicated)

720

D. Identify and describe (briefly) this program's relationships and colaborations with other college programs:

Admissions, assessment, counseling, DSPS, financial aid, tutoring, Academic divisions

IIA. PROGRAM SERVICES

Click on the "List of Services" tab at the bottom of this sheet.

IIB. SERVICE DESIGNATIONS

Click on the "Service Designations" tab at the bottom of this sheet.

III. OUTCOMES ASSESSMENT - INSTRUCTION

(Skip Section III and go to **Section IV** if there is no curriculum offered in this program)

A. Which SLO statements did you assess in 2011-12?

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B. What did you learn? Briefly summarize the results of the reflection and enhancement discussions.

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C. What additional resources are needed to implement the enhancement/improvements plans?
(Please give a very brief overview - details will be asked for in Section VI)

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D. What are your **SLOAC** plans for 2012-13?

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IV. OUTCOMES ASSESSMENT - SERVICES

A. Which SSLO statements did you assess in 2011-12?

Outcome #1 and Outcome #2

B. What did you learn? Briefly summarize the results of the reflection and enhancement discussions.

That we want to review the assessment instrument for outcome #1 to ensure that we are accurately assessing student's acquired knowledge and their application of that knowledge. We also need to have more discussion on outcome #2 as to how we can use the toolkit more effectively in counseling sessions with students.

C. What additional resources are needed to implement the enhancement/improvements plans?
(Please give a very brief overview - details will be asked for in Section VI)

n/a

D. What are your **SSLOAC** plans for 2012-13?

We will begin the process of developing the assessment instrument on outcome #3.

V. CURRENT TRENDS/CHALLENGES

A. What does the near future portend for this program?

Possible reduction to staff due to the statewide budget crisis.

B. What are the challenges for this program?

The challenge will be to provide the state mandated program services with limited staff and the quality of services to students will be compromised as a result.

C. What are the opportunities for this program?

The opportunities will be in developing community and off campus partnerships and cultivating relationships with donors. In addition, we plan to implement strategies to achieve efficiencies within the program (e.g. group advising).

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D. Does this program anticipate rapid change, slow change, no change, or other?

Rapid change due to funding and other constraints.

E. Are there any amendments to this program's 2008-09 Comprehensive Program Review? (CPR)

N/A

F. Explain what changes or revisions you have made, if any, to your services based on results of last year's program review update (2010-11).

EOPS/CARE made minor changes/updates to program policies & procedures to increase

G. Explain anything that should be known about this program that hasn't been asked.

There continues to be a very high demand for services on campus and EOPS has 300 students on wait list. Also with the addition of 2 areas to the Student Development division, the dean has delegated additional duties to the Assistant Director and Program Coordinator.

VI. RESOURCE REQUESTS

A. Personnel Requests: Please submit the **top three** personnel requests in ranked order: (If there are more than three personnel requests, maintain a separate prioritized list using the same justification categories as in the APRU. If resources are available the SSPBT may ask for more items to be submitted.)

Program Position Priority #1:(Check (x) appropriate boxes)

Faculty	1	Staff		Administration	
Full-Time	x	Part-Time		Est. Cost:	$80K

Priority #1 position name:

EOPS/CARE Counselor

Brief description: (new or replacement from retirement or resignation)

Replacement of reassigned EOPS/CARE counselor

Rationale: How will this person enhance or maintain your program's plans to improve outcomes? What specific SLOAC/SSLOAC results support this program's need for this position?)

This position would provide additional advising, counseling, workshops and student progress monitoring and follow up.

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important" , or "Nice to have". (Check only one)

	Critical	X	**Important**		**Nice to have**

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Program Position Priority #2:(Check (x) appropriate boxes)

Faculty		Staff	**X**	Administration	
Full-Time		Part-Time	**x**	Est. Cost:	**$17K**

Priority #2 position name:

Full time front desk position currently only at .75 FTE position

Brief description:(new or replacement from retirement or resignation)

Rationale: How will this person enhance or maintain your program's plans to improve outcomes? What specific SLOAC/SSLOAC results support this program's need for this position?)

This position will provide information and support to current EOPS/CARE students in accessing program services.

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important" , or "Nice to have". (Check only one)

	Critical	**x**	**Important**		**Nice to have**

Program Position Priority #3:(Check (x) appropriate boxes)

Faculty		Staff		Administration	
Full-Time		Part-Time		Est. Cost:	

Priority #3 position name:

Brief description:(new or replacement from retirement or resignation)

Rationale: How will this person enhance or maintain your program's plans to improve outcomes? What specific SLOAC/SSLOAC results support this program's need for this position?)

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important" , or "Nice to have". (Check only one)

	Critical		**Important**		**Nice to have**

B. Equipment Requests: Please submit the top three program equipment requests in ranked order: (If there are more than three equipment requests, maintain a separate prioritized list using the same justification categories as in the APRU. If resources are available the SSPBT may ask for more items to be submitted.)

Program Equipment Priority #1:

Est. Cost: | |

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Priority #1 item name:

Brief description:(new, upgrade, or replacement)

Rationale: How will this resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for this item?

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important" , or "Nice to have". (Check only one)

| | **Critical** | | **Important** | | **Nice to have** |

Program Equipment Priority #2:

Est. Cost:

Priority #2 item name:

Brief description:(new, upgrade, or replacement)

Rationale: How will this resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for this item?

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important" , or "Nice to have". (Check only one)

| | **Critical** | | **Important** | | **Nice to have** |

Program Equipment Priority #3:

Est. Cost:

Priority #3 item name:

Brief description:(new, upgrade, or replacement)

Rationale: How will this resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for this item?

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important" , or "Nice to have". (Check only one)

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Critical	**Important**	**Nice to have**

C. <u>Facility Requests</u>: Please submit the top three facilities resource requests in ranked order:(If there are more than three facilities requests, maintain a separate prioritized list using the same justification categories as in the APRU. If resources are available the SSPBT may ask for more items to be submitted.)

Program Facilities Priority #1:

Est. Cost:

Priority #1 project name:

Brief description:(new, remodel, relocation)

Rationale: How will this resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for this item?

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important" , or "Nice to have". (Check only one)

Critical	**Important**	**Nice to have**

Program Facilities Priority #2:

Est. Cost:

Priority #2 project name:

Brief description:(new, remodel, relocation)

Rationale: How will this resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for this item?

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important" , or "Nice to have". (Check only one)

Critical	**Important**	**Nice to have**

Program Facilities Priority #3:

Est. Cost:

Priority #3 project name:

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Brief description:(new, remodel, relocation)

Rationale: How will this resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for this item?

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important" , or "Nice to have". (Check only one)

Critical	**Important**	**Nice to have**

D. <u>Professional Growth Resource Requests</u>: In the space below, identify any professional growth initiatives that need additional funding. Include whether the needs are related to technology (hardware/software), the discipline, legal matters, District/College operations, Research/Innovations in the classroom, office, operations, etc. (List in ranked order)

Est cost of #1	Est cost of #2	Est cost of #3

Rationale: How will each professional growth initiative resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for

Based on the needs of this program, check (x) whether each of the **top three** requests are considered to be "Critical", "Important" , or "Nice to have". (Check only one per request)

Professional Growth Initiative request #1:

Critical	Important	Nice to have

Professional Growth Initiative request #2:

Critical	Important	Nice to have

Professional Growth Initiative request #3:

Critical	Important	Nice to have

E. <u>Operating Resource Requests ('B' augmentations)</u>: In the space below identify any additional operational funding needs. (List in ranked order)

Est cost of #1	Est cost of #2	Est cost of #3

Rationale: How will each additional operational resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for each item?

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Based on the needs of this program, check (x) whether each of the **top three** requests are considered to be "Critical", "Important" , or "Nice to have". (Check only one per request)

Operational budget request #1:

| Critical | Important | Nice to have |

Operational budget request #2:

| Critical | Important | Nice to have |

Operational Budget request #3:

| Critical | Important | Nice to have |