**Crafton Hills College Planning and Program Review Committee**

**2012-2013 Document Evaluation Rubric**

**Annual Planning Form**

|  | **Meets Expectations** | **Does Not Meet Expectations** |
| --- | --- | --- |
| **Each Question, 1-5** | Answers all parts of the question completely with relevant information.Well-written answer conveys meaning clearly.Includes or refers to relevant evidence, concrete examples.Shows evidence of thoughtful consideration of the question and the issues relevant to it.Response indicates that the unit followed directions and suggestions on the Form and in the “Completing the Forms” section of the *Handbook*. | Answers incompletely or not at all, or includes irrelevant information.Meaning is unclear.Includes insufficient evidence and/or examples to support assertions. Shows insufficient evidence of thoughtful consideration.Response indicates that the unit did not follow directions and suggestions on the Form and/or in the “Completing the Forms” section of the *Handbook*. |
| **Question 6** | Declined to respond, or if present, adds to understanding of program. | Only if present, adds little or nothing to understanding of program. |
| **Overall** | Responses indicate that the unit followed *Handbook* directions and suggestions with respect to the planning and program review process; for example:* Broad participation and consensus, documented on the Forms
* Departmental discussions of significant issues
* Adherence to the planning and program review schedule

Overall, makes a persuasive case that the program is maintaining or increasing its strengths and addressing its weaknesses. | Responses indicate that the unit did not follow *Handbook* directions and suggestions with respect to the planning and program review process.Overall, does not make a persuasive case that the program is maintaining or increasing its strengths and addressing its weaknesses. |

| **Question** | **Meets Expectations** | **Does Not Meet Expectations** |
| --- | --- | --- |
| 1. *Have there been any changes in your program over the past year that have had a significant impact on its goals and/or effectiveness? If so, please describe the changes and their impact (Please refer to questions 1 and 2 in your most recent program review).*
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| 1. *Please summarize the progress your program has made on SLO/SAO measures you have applied since your last program review and any improvements made by your program as a result of the outcomes assessment process (Please refer to questions 3 and 4 in your most recent program review). In addition, please describe your plan for assessing the SLOs/SAOs you have not assessed at this time.*
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| 1. *Pick the question that applies to you: a. Instructional or b. Non-instructional*
	1. *Instructional: After reviewing the annual data provided by the Office of Research and Planning (ORP), are you on target to meet the goals that you set in questions 5.a.iv – 5.a.viii (completion, success, full-time/part-time faculty ratio, WSCH/FTEF ratio, and fill rate) in your most recent program review? If you did not se targets in your prior plan please include them in this annual plan.*
	2. *Non-Instructional: Are you on target to meet the goals that you set in questions 5.b.ii. – 5.b.iii for non-instructional programs (Additional Program Effectiveness Measures and Program Effectiveness Criteria) in your most recent program review? If you did not se targets in your prior plan please include them in this annual plan.*
 |  |  |
| 1. *Please provide a status update on meeting the program goals and objectives identified in your last program review (Please refer to question 9 in your most recent program review).*
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| 1. *Revise and update as needed the* Three-Year Action Plan*, entering the specific program goals and objectives you have formulated to maintain or enhance your strengths, or to address identified weaknesses. Enter the goals in priority order, with Goal 1 being most important, and assign an overall priority to each objective. You may create new goals and objectives, and/or you may carry over goals and objectives from last year in original or modified form. In addition, enter any resources required to achieve each objective. (Please refer to question 9 in your most recent program review)*
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| 6. If there is anything else you would like the committee to take into consideration in evaluating your annual plan, please describe it. |  |  |
| **Overall Assessment** |  |  |