

# NORCO COLLEGE ANNUAL INSTRUCTIONAL PROGRAM REVIEW

**Unit:** BIO, MIC, HES

*Please give the full title of the discipline or department. You may submit as a discipline or department as is easiest for your unit*

**Contact Person:** Barbara Kathleen Moore

**Due in draft: March 15, 2015**

**Final draft due: April 29, 2015**

Please send an electronic copy to the President; Academic Affairs

Norco: [Diane.Dieckmeyer@norccollege.edu](mailto:Diane.Dieckmeyer@norccollege.edu)

If you are CTE: [Kevin.Fleming@norccollege.edu](mailto:Kevin.Fleming@norccollege.edu)



















2015

Unit Name: \_\_\_\_\_ BIO, MIC, HES \_\_\_\_\_

**6. Equipment (including technology) Not Covered by Current Budget<sup>2</sup>**

List Equipment or Equipment Repair Needed for Academic Year _____  Please list/summarize the needs of your unit on your college below. Please be as specific and as brief as possible. Place items on list in order (rank) or importance.	*Indicate whether Equipment is for (I) = Instructional or (N) = Non-Instructional purposes	Annual TCO*		
		Cost per item	Number Requested	Total Cost



2015

2015

2015

Unit Name: \_\_\_\_\_ BIO, MIC, HES \_\_\_\_\_

**9. OTHER NEEDS AND LONG TERM SAFETY CONCERNS not covered by current budget<sup>5</sup>**

**\*\* For immediate hazards, contact your supervisor \*\***

<p align="center"><b>List Other Needs that do not fit elsewhere</b></p> <p>Please be as specific and as brief as possible. Not all needs will have a cost, but may require a reallocation of current staff time. Place items on list in order (rank) or importance.</p>	Annual TCO*				
	Cost per item	Number Requested	Total Cost of Request	EMP Goals	Distance Education
<p><b>1.Repairs to Microbiology Lab</b>  <u>Reason:</u> This lab is not holding up well through student use continues. Students sometimes spill stains onto the new tiles and when this occurs (usually one a year) the tiles are permanently stained. The counter tops in this room face similar wear and tear issues.</p>	Unknown	NA	NA	Goal 1	No
<p><b>2.</b>  <u>Reason:</u></p>					
<p><b>3.</b>  <u>Reason:</u></p>					
<p><b>4.</b>  <u>Reason:</u></p>					
<p><b>5.</b>  <u>Reason:</u></p>					

2015



## Rubric for Annual Instructional Program Review - Part I only

Discipline:

Contact Person:

Reviewer:

Average Score:

---

Area of Assessment	0 No attempt	1 some attempt	2 good attempt	3 outstanding attempt
--------------------	-----------------	-------------------	-------------------	--------------------------

2015

2015

Course number and name	SLO <i>Initial Assessments</i> and completed <b>Reports</b> (State each SLO e.g., SLO 1)	SLOs with <i>Improvements identified</i> (Identify the SLO with # of improvements e.g., SLO 1(1), or SLO 3(0) )	SLOs not needing improvement (assumed loop-closed), with clear reasoning as to why	SLOs involved in <i>Loop-Closing</i> assessment (state SLO and effect)

2. a) How many Program Level Outcome *initial* assessments were you involved in fall 2013 - spring 2014? Indicate a total number per column. Please provide copies of any reports or documents related to these assessments as attachments to this Annual Review, or embed at the end of the document as an Appendix.

AOE (Area of Emphasis)	ADT (Associate for Transfer)	GE (General Education)	Certificate

2015

