



Unit Name: [COM](#)

7. Equipment (including technology) Not Covered by Current Budget²

Unit Name: [COM](#)

9.

10. OTHER NEEDS AND LONG TERM SAFETY CONCERNS not covered by current budget⁵

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

<p align="center">List Other Needs that do not fit elsewhere.</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>1.N/A <u>Reason:</u></p>					
<p>2. <u>Reason:</u></p>					
<p>3. <u>Reason:</u></p>					
<p>4. <u>Reason:</u></p>					
<p>5. <u>Reason:</u></p>					
<p>6. <u>Reason:</u></p>					

These requests are sent to the [Business and Facilities Planning Council](#), but are not ranked. They are further reviewed as funding becomes available.

⁵ If your SLO assessment results make clear that particular resources are needed to more effectively serve students please be sure to note that in the “reason” section of this form.

Norco College— Program Review Committee

Spring 2015

Rubric for Comprehensive Instructional Program Review Part I only

Discipline: [COM](#)

Contact Person: [Lewis](#)

Reviewer:

Average Score:

Area of Assessment	0 No attempt	1 some attempt	2 good attempt	3 outstanding attempt
1. Trends and status change, prior and next four years identified	Trends and status change section is blank	Only prior or next four years completed, not both	/	Prior and next four years section completed with clear information in both, or identified as N/A

2. Retention, success, and efficiency rates have been identified and reflected upon

5. Long term goals aligned to mission and EMP	No link between the long term goals and the Mission or EMP	Limited attempt to link goals to Mission and EMP	Clear attempt to link goals to Mission and EMP	Well defined connection made between goals and Mission and EMP
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6.

- e. On reflection, can you identify any specific resources, support, or training that your discipline, department, or the institution might need to provide on-going support for student learning? If so, please explain. [N/A](#)

Section 2: Overview of Completed Assessment

Using your Annual Program Reviews from the past four years please fill in the following data

Section 3: Plan for Assessment

Please provide a comprehensive plan for assessment in your unit for the upcoming four years. Include plans **for all course and program level assessment** (certificate programs or ADTs.) The Norco Assessment Rotation Schedule is posted on the Assessment website for you to use in planning for program level assessment. If you have an existing rotation plan please attach it to this document and indicate such in the table. Feel free to insert the dates aligned to each year.

Plan for the next 4 years	Courses and Programs to be assessed
Plan for Year 1	Asses 2 (fall), 7, 13 (spring) Close loop 11(fall), 6 & 12 (spring) ADT assessment begins
Plan for Year 2	

Scoring Rubric for Comprehensive Program Review of Assessment – Part II only

Assessment Unit Name: **COM**

Average score _____

	0	1	2	3
<p>Section 1 Modes of assessment Modifications to courses Success indicators Teaching approaches Resources</p>	<p>No attempt made to provide responses to any of the questions (1-4)</p> <p style="text-align: center;">0</p>	<p>Answers are extremely limited, e.g., yes, no, none; inconsistent depth in some responses; barely any reflection or insight provided, limited attempt to use assessment to increase <i>understanding</i> of student success and learning in the classroom</p>		