



## Annual Program Plan/Review Feedback Form - IPC

**Program** Honors Transfer Program **Division** NA  
**IPC Member(s)** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Reviewers** Anniqua Rana **Reviewed** 5/10/13

**The purpose of this form is to provide feedback to the Department/Program.**

I. Curriculum Offerings	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
<i>Guidelines: This section should include the following:</i>				
1. Status of curriculum updates for all courses.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Complete
2. Status of SLOAC for all courses.	Click here to enter text.	Click here to enter text.	Click here to enter text.	NA -CCHTP does not assess courses
3. A description of the complete curriculum offering cycle.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Complete
4. A plan for necessary curriculum development.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Complete
<b>Comments/Questions:</b> Click here to enter text.				

II. Program Level Data	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
<i>Guidelines: The data is prepared by the Office of Research and Planning and is to be attached to this document. This section should include the following:</i>				
1. Identification of trends on data packets.	Click here to	Click here to	Click here to	Complete



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	enter text.	enter text.	enter text.	
2. Identification of program performance.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Complete
3. Identification of PLOs (Program Learning Outcomes) assessment plan.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Complete
4. Analysis of PLOs (Program Learning Outcomes) results.	Click here to enter text.	Click here to enter text.	In process	Click here to enter text.
Comments/Questions: Click here to enter text.				

III. Action Plan	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
<i>Guidelines: This section should include the following:</i>				
1. Reflections on Department/ Program needs and goals.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Complete
2. An action plan for what is to be accomplished for the next year.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Complete
Comments/Questions: Click here to enter text.				

IVa. Faculty and Staff hiring needs	Incomplete information	Complete information,	Complete information,	Complete information,
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	some analysis	analysis	analysis, plan
<i>Guidelines: The request should explain clearly and with supporting data how it will serve Department/Program/Division/College needs. Information from the most recent comprehensive program should be included.</i>			
1. Justification is consistent with accurate data.	Click here to enter text.	Click here to enter text.	Click here to enter text.
2. Justification fits Department/Division/College needs.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Comments/Questions: Click here to enter text.			

	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
<b>IVb. Professional Development needs</b>				
<i>Guidelines: The request should explain clearly how it will serve Department/Program/Division/College needs</i>				
Justification is consistent with Department/Program needs.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Complete
Comments/Questions: Click here to enter text.				

	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
<b>IVc. Classroom and Instructional Equipment needs</b>				
<i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs including Item description, Number of Items, Total Cost</i>				
1. Complete source/cost information (item description, suggested vendor, number of items, total cost).	Click here to enter text.	Click here to enter text.	Click here to enter text.	Complete



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2. Justification is consistent with Department/Division/College needs (uses previous program plan information).	Click here to enter text.	Click here to enter text.	Click here to enter text.	Complete
Comments/Questions: Click here to enter text.				

<b>IVd. Office of Planning, Research &amp; Student Success data needs</b>	<b>Incomplete information</b>	<b>Complete information, some analysis</b>	<b>Complete information, analysis</b>	<b>Complete information, analysis, plan</b>
<i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs.</i>				
Justification is consistent with Department/Division/College needs.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Complete
Comments/Questions: Click here to enter text.				

<b>IVe. Facility needs</b>	<b>Incomplete information</b>	<b>Complete information, some analysis</b>	<b>Complete information, analysis</b>	<b>Complete information, analysis, plan</b>
<i>Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs.</i>				
Justification is consistent with Department/Division/College needs.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Complete
Comments/Questions: Click here to enter text.				

<b>Other/General Comments:</b> Click here to enter text.
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IPC Co-Chair Signature Carol Rhoads Date 5/23/13

VPI Co-Chair Signature [Signature] Date 5/23/13