



Welcome to Program Review

Berkeley City College - 2019

CAFYES/Next UP - Service Area or Special Program

Annual Program Update

Program Overview

Please verify the mission statement for your program. If your program has not created a mission statement, provide details on how your program supports and contributes to the College mission.

Program Total Faculty and/or Staff

Full Time

Stacy Shears
Brenda Johnson

Part Time

Ronda R. Johnson

The Program Goals below are from your most recent Program Review or APU. If none are listed, please add your most recent program goals. Then, indicate the status of this goal, and which College and District goal your program goal aligns to. If your goal has been completed, please answer the follow up question regarding how you measured the achievement of this goal.

Status	If Completed, What evidence supports completion of this goal? How did you measure the achievement of this
In-Progress	

goal?

College Goal

Strengthen Resilience: Strengthen BCC students' abilities to become self-directed, focused and engaged in the pursuit of transformative, life-long learning

District Goal

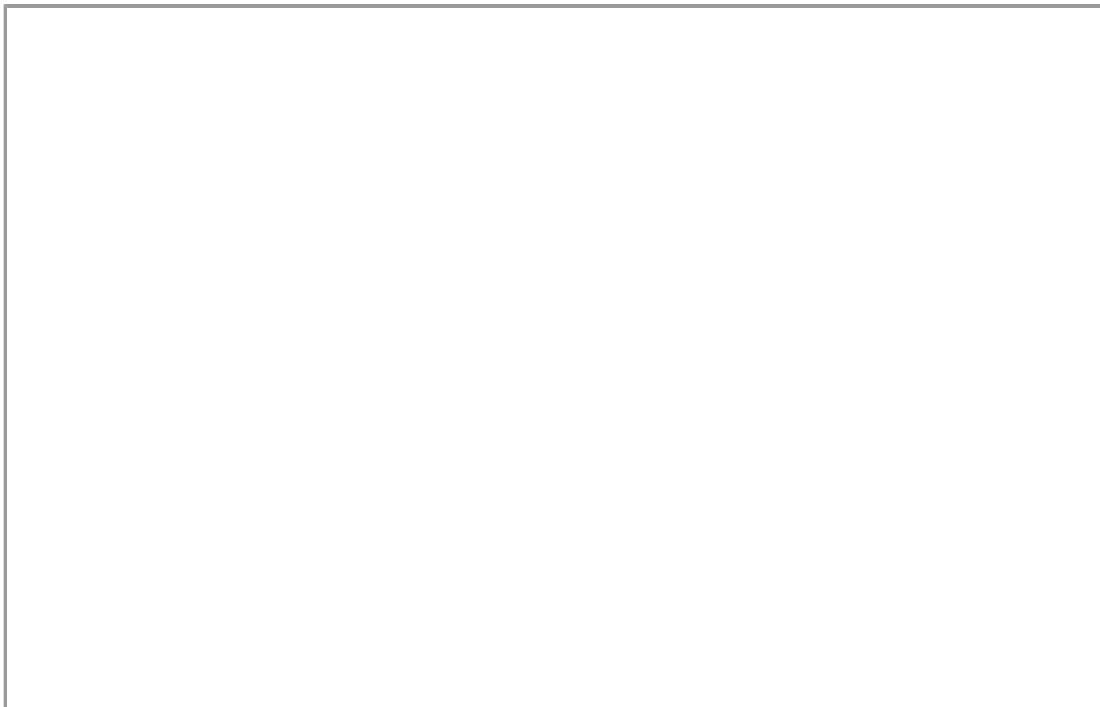
Advance Student Access, Equity, and Success

Describe your current utilization of facilities, including labs and other space

Program Update

Semester End Enrollment/Usage Pattern

Review your Semester End Enrollment by setting the filter to your college and subject



Using the dashboard, review and reflect upon the data for your program. Describe any significant changes and discuss what the changes mean to your program. Consider whether performance gaps exist for disproportionality impacted students. Focus upon the most recent year and/or the years since your last comprehensive program review. Cite data points from the dashboard to support your answer.

Describe the department's progress on Student Learning Outcomes (SLOs) and/or Administrative Unit Outcomes (AUOs) since the last Program Review/APU. If your discipline offers a degree or certificate, please describe the department progress on Program Learning Outcomes (PLOs).

Describe the outcomes and accomplishments from previous year's funded resource allocation request.

Brief description of funded request	Source (any additional award outside your base allocation)	Total Award Amount	Outcome/Accomplishment
-------------------------------------	--	--------------------	------------------------

In the boxes below, please add improvement actions and resource requests that are directly related to the questions answered in this section. If there are no improvement actions or resource requested in this area, leave blank.

Improvement
Actions

Improvement Action

Improvement Action

Action Item	Description	To be completed By	Responsible Person
-------------	-------------	--------------------	--------------------

Resource Request

Personnel	Full-time Faculty		
% Time	Description/Justification	Estimated Annual Salary Costs	Estimated Annual Benefits Costs

Total Costs

Resource Request

Personnel	Classified Staff		
% Time	Description/Justification	Estimated Annual Salary Costs	Estimated Annual Benefits Costs
Total Costs			

Resource Request Summary

Total Cost: \$0

Total Resource Request: 2

Program Update

Personnel

Type	% Time	Description/Justification	Estimated Annual Salary Costs	Estimated Annual Benefits Costs	Total Costs
Full-time Faculty	100	"Priority #1 Certified Counselor/Coordinator			
Classified Staff	50	Priority#2 Classified Tutors Priority#3 Classified Clerical Assistant			
Sub-Total: \$0					

Professional Development

No Resources found for this category

Technology and Equipment

No Resources found for this category

Supplies

No Resources found for this category

Facilities

No Resources found for this category

Library

No Resources found for this category

Other

No Resources found for this category

Sign and Submit

Please provide the list of members who participated in completing this program review.

Ronda R. Johnson

Please enter the name of the person submitting this program review.