**MIDDLESEX COMMUNITY COLLEGE**

**ACADEMIC PROGRAM REVIEW:**

**SELF STUDY**

**FOR**

Click here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF PROGRAM/CONCENTRATION**

Click here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YEAR PROGRAM REVIEW CONDUCTED**

Click here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROGRAM REVIEW CHAIR**

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**Middlesex Community College**

**Academic Program Review: Self Study**

**SECTION I: PROGRAM OVERVIEW**

Provide a snapshot of your program. Please include the following:

|  |  |
| --- | --- |
| **Item** | **Information** |
| **Program Start Date** | Click here to enter text. |
| **Date of Last Program Review** | Click here to enter text. |
| **Link to Program Webpage** | Click here to enter text. |
| **Program Description from catalogue** | Click here to enter text. |
| **Program Outcomes from catalogue** | Click here to enter text. |
| **Advisory Board Membership List** | Click here to enter text. |
| **External Accreditation Body (if appropriate)** | Click here to enter text. |
| **Date of Last Accreditation (if appropriate)** | Click here to enter text. |

**SECTION II: CURRICULUM OVERVIEW**

Include the following:

|  |  |
| --- | --- |
| **Item** | **Current Information** |
| **Admission Requirements, including pre-requisite courses, if required** | Click here to enter text. |
| **Link to Pathway Map** | Click here to enter text. |
| **Link to Academic Map** | Click here to enter text. |

**SECTION III: PROGRAM OUTCOMES**

Number each of your PSLOs**.** List the CSLOs for each course that supports the PSLO’s from the Program Map with the code for the PSLO

**Note:**

* **This is an exercise to create a map of what “is”, not what “should be”. It is an opportunity for faculty teaching in your program to think about and come to consensus on which program learning outcomes their course(s) currently support, and to what degree. Once this map of “what is” has been created, as a group you can identify gaps that you want to address to better enable student achievement of your goals for their learning.**

**Example 1: Business Administration Transfer**

|  |  |  |
| --- | --- | --- |
| **PSLO** | **ISLO Supported by PSLO** | **Course and Supporting CSLOs** |
| 4. Articulate and use an ethical, socially responsible framework as a component of their professional decision-making. | Critical and Creative Thinking and Problem Solving | BUS 210   * Apply management principles towards specific management challenges, global management and social responsibility and business ethics. |

**Example 2: Communication**

|  |  |  |
| --- | --- | --- |
| **PSLO** | **ISLO Supported by PSLO** | **Course and Supporting CSLOs** |
| 1. Develop and produce effective digital media productions. | Written and Oral Communication | COM 105 - Intro to Short Film Production   * Demonstrate competency in digital film production. * Demonstrate competency in film editing. * Produce digital film projects, following the stages of the production process. * Collaborate with classmates to design and produce film projects.   **COM 121 - Intro to Digital Video Production**   * Demonstrate competency in digital video production. * Demonstrate competency in video editing. * Produce digital video projects, following the stages of the production process. * Collaborate with classmates to design and produce media projects.   **COM 123 - Intro to Digital Audio Production**   * Demonstrate competency in digital audio production. * Demonstrate competency in audio editing. * Produce digital audio projects, following the stages of the production process. * Collaborate with classmates to design and produce media projects.   **COM 221, 222 & 223 - Internships**   * Apply communication theory and skills in a real world communication environment. * Expand on their ability to work independently or in a team. |

**Your Program**

|  |  |  |
| --- | --- | --- |
| **PSLO** | **ISLO Supported by PSLO** | **Course and Supporting PSLO** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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**SECTION IV: ANNUAL ASSESSMENT OF PROGRAM STUDENT LEARNING OUTCOMES**

**List the years where program student learning outcomes will be assessed, stating the specific PSLOs. Include any PSLOs assessed in the last 3-5 years.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **PSLO Assessed** | **What data/ evidence is used to determine that graduates have achieved the stated outcomes for the degree?** | **Findings/Conclusions** | **What changes have been made as a result of using the data/evidence?** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Describe any other assessment work completed in the last few years. Include in the Appendix any reports developed from annual projects for Assessment Day.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year(s)** | **Other Assessment Work** | **What data/ evidence is used to determine that graduates have achieved the stated outcomes for the degree?** | **Findings/Conclusions** | **What changes have been made as a result of using the data/evidence?** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**SECTION V: HIGH IMPACT PRACTICES AND TRENDS**

The following instructional practices and strategies have been described as high impact educational practices. Please indicate where these practices are included in your program.

**Current Inventory**

|  |  |  |  |
| --- | --- | --- | --- |
| **High Impact Practice** | **Used? (Yes/No)** | **List Courses where practices are included** | **Included in all sections of this course? (Yes/No)** |
| **First-Year Seminars & Experiences** | Select | Click here to enter text. | Click here to enter text. |
| **Common Intellectual Experiences** | Select | Click here to enter text. | Click here to enter text. |
| **Learning Community** | Select | Click here to enter text. | Click here to enter text. |
| **Writing Intensive Courses** | Select | Click here to enter text. | Click here to enter text. |
| **Collaborative Assignments/ Projects** | Select | Click here to enter text. | Click here to enter text. |
| **Research with Faculty** | Select | Click here to enter text. | Click here to enter text. |
| **Global Learning/Diversity** | Select | Click here to enter text. | Click here to enter text. |
| **e-Portfolios/Digital Badging** | Select | Click here to enter text. | Click here to enter text. |
| **Service Learning** | Select | Click here to enter text. | Click here to enter text. |
| **Internship/Field Experience** | Select | Click here to enter text. | Click here to enter text. |
| **Culminating Experience** | Select | Click here to enter text. | Click here to enter text. |
| **Other Practice (please describe):** | Select | Click here to enter text. | Click here to enter text. |

**Program Research**

Describe any program research you may have conducted to determine the actual impact any of the practices are having on student learning and success in your program.

|  |  |  |
| --- | --- | --- |
| **High Impact Practice** | **Research Conducted** | **Impact (bulleted list)** |
| Click here to enter text. | Click here to enter text. | * Click here to enter text. |
| Click here to enter text. | Click here to enter text. | * Click here to enter text. |
| Click here to enter text. | Click here to enter text. | * Click here to enter text. |
| Click here to enter text. | Click here to enter text. | * Click here to enter text. |

**Future Directions**

If you are finding these high impact practices to be effective strategies for engaging students and increasing student success, describe how you will scale such practices to support all students within your program.

|  |  |
| --- | --- |
| **High Impact Practice** | **Plan (bulleted list)** |
| Click here to enter text. | * Click here to enter text. |
| Click here to enter text. | * Click here to enter text. |
| Click here to enter text. | * Click here to enter text. |

**SECTION VI: INSTITUTIONAL RESEARCH DATA SET**

This section is designed to be a reflective section conducted in concert with the Institutional Research office. The Institutional Research Office will provide a standard data set and will also provide tools where your department can utilize additional relevant data. Please use the data to examine and respond to the following.

**Note: Please include appropriate charts and tables from the data to support the information below.**

**General Data**

|  |  |
| --- | --- |
| **ITEM** | **OBSERVATIONS (bulleted list)** |
| **Application trends**  Are applications steady, increasing, or declining? | * Click here to enter text. |
| **Enrollment trends**  Is enrollment steady, increasing, or declining? | * Click here to enter text. |
| **Student demographics**  Does your program enrollment demographic data mirror the overall MCC student demographics? | * Click here to enter text. |
| **Course completion rates (consider all courses in program)**  Are there courses in your program with lower than desired completion rates? | * Click here to enter text. |
| **Graduation/Transfer rates**  How do your graduation/transfer rates compare to the overall MCC graduation/transfer rates? | * Click here to enter text. |

**Disaggregated Data**

For all areas, use disaggregated data to identify whether the program is addressing any equity/achievement gaps.

|  |  |
| --- | --- |
| **ITEM** | **OBSERVATIONS (bulleted list)** |
| **Application trends** | * Click here to enter text. |
| **Enrollment trends** | * Click here to enter text. |
| **Student demographics** | * Click here to enter text. |
| **Course completion rates (consider all courses in program)** | * Click here to enter text. |
| **Graduation/Transfer rates** | * Click here to enter text. |

**SECTION VII: PROGRAM RELEVANCY**

**Career Information**

In consultation with Career Services, answer the following questions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Yes/No** | **If yes, what credential is required?** | **List of Job Titles**  **(bulleted list)** | **Comments (bulleted list)** |
| **Immediate Employment Opportunities?** | Select | * Click here to enter text. | * Click here to enter text. | * Click here to enter text. |
| **Transfer Required?** | Select | * Click here to enter text. | * Click here to enter text. | * Click here to enter text. |
| **Additional Education Beyond Bachelor’s Degree?** | Select | * Click here to enter text. | * Click here to enter text. | * Click here to enter text. |
| **Other Additional Education?** | Select | * Click here to enter text. | * Click here to enter text. | * Click here to enter text. |

**Employment Outlook**

Identify and discuss labor/market trends that may impact current and future graduates of this program, based on input from advisory boards, focus group meetings with recent graduates, and national and regional data. Some possible sources for such data include:

* Workforce Development Regional Blueprint (Massachusetts)
* Advisory Board Input
* DOL website

|  |  |  |
| --- | --- | --- |
| **Labor/Market Trend** | **Impact on Current and Future Graduates (use bulleted list)** | **Source of Information**  **(use bulleted list)** |
| Click here to enter text. | * Click here to enter text. | * Click here to enter text. |
| Click here to enter text. | * Click here to enter text. | * Click here to enter text. |

**Transfer Trends**

Describe the transfer opportunities for students:

**DHE MassTransfer Academic Pathways Program approved A2B institutions**

|  |  |  |
| --- | --- | --- |
| **State University/UMass Campus** | **Program** | **Comments (use bulleted list)** |
| Click here to enter text. | Click here to enter text. | * Click here to enter text. |
| Click here to enter text. | Click here to enter text. | * Click here to enter text. |

**Articulation Agreements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **Date Signed** | **Program** | **Provisions (guaranteed admission, transfer of credit, etc.)** | **Comments (use bulleted list)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | * Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | * Click here to enter text. |

**SECTION VIII RESOURCES**

Based on previous sections of this report, indicate the projected needs for this program.

|  |  |  |
| --- | --- | --- |
| **Item** | **Current** | **Projected Need (use bulleted list)** |
| **Full-Time Faculty** | Click here to enter text. | * Click here to enter text. |
| **Adjunct Faculty** | Click here to enter text. | * Click here to enter text. |
| **Staff** | Click here to enter text. | * Click here to enter text. |
| **Equipment** | Click here to enter text. | * Click here to enter text. |
| **Software** | Click here to enter text. | * Click here to enter text. |
| **Advisory Board Representation** | Click here to enter text. | * Click here to enter text. |
| **Other: please list** | Click here to enter text. | * Click here to enter text. |

**SECTION IX: PROGRAM ACHIEVEMENTS**

Please describe any significant Program Achievements in the last 3-5 years that you think are relevant to this report. Include progress on action items from previous program review (if applicable).

|  |  |
| --- | --- |
| **Achievement** | **Program Impact (use bulleted list)** |
| Click here to enter text. | * Click here to enter text. |
| Click here to enter text. | * Click here to enter text. |

**SECTION X: PROGRAM EVALUATION SUMMARY**

1. **Program Strengths** (Bulleted List with reference to the question numbers in the program review where this strength is explained.)

|  |  |
| --- | --- |
| **Question Number** | **Program Strength (use bulleted list)** |
| Click here to enter text. | * Click here to enter text. |
| Click here to enter text. | * Click here to enter text. |

1. **Recommended Improvement Areas** (Bulleted list)

|  |
| --- |
| * Click here to enter text. |

1. **5 Year** **Program Action Plan** for Improvements, Budgetary Implications, Timelines. Program Review is both evaluative and forward-thinking, offering the opportunity to set future directions for the program.

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Items** (Reference the question in the program review where this need is explained.) | **Proposed Plans for Improvement**  (Bulleted list of suggestions.) | **Financial Needs to Make Improvements** | **Proposed Timelines for Implementation** |
| Click here to enter text. | * Click here to enter text. | Click here to enter text. | Click here to enter text. |
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