



Student Services Program Review

Program :
Manager :
Participant Names :
Date :
Previous PR Date :

Part 1. Program Mission Statement

Cypress College Mission

Cypress College transforms lives through lifelong learning with educational opportunities including transfer to four-year institutions, associate degrees, certificates, and a baccalaureate degree. We are dedicated to forging academic and career pathways to support the achievement of our students, enhancing their economic mobility, fostering equity, and enriching society.

A. Provide your program's mission statement.

B. How does it align with Cypress College's mission?

Part 2. Program Overview

A. Briefly describe your program, including program components, function, and purpose.

B. Describe how your program interacts or collaborates with other on- and off-campus programs.

C. How is your program funded? Please include sources of funds such as categorical (e.g. SEA, EOPS, DSS), general, or grant.

Part 3. Student Satisfaction with Services

A. Summarize the survey results from the SSPR Survey (see Appendix A). Please focus on trends and address student feedback/comments.

B. Compare these survey results with results from previous program review.

Part 4. Program Analysis and Planning

A. Describe the population you serve and analyze the trends in enrollment, success, retention, etc. Consider the following questions. How many students are enrolled in your program? How do your students compare to the overall student population at Cypress College? Include other qualitative or quantitative information about your population. If necessary, contact the Office of Institutional Research and Planning to obtain data.

Part 5. Program Accomplishments, Improvements, Challenges, and Obstacles

A. Document accomplishments and/or improvements since your last program review.

B. Document program challenges and/or obstacles since your last program review.

Part 6. Ensuring Equity in Student Services

A. Describe how your program addresses the needs of underrepresented student populations and delivers equitable student services.

B. How do you serve students regardless of service location or delivery method? (i.e. distance education, after hours)

C. Do you receive funding from Student Equity and Achievement (SEA)? If so, explain its usage and effects on your program. (SEA funding allocation should also be included in Part 2.C.)

Part 7. Student Services Student Learning Outcomes (SSSLOs) and Assessment

A. Programs must assess SSSLOs annually. Provide your SSSLOs, assessment methods, results, and changes you will make based on your assessment results. (At least four SSSLOs should be listed.)

	SSSLO	Assessment Method	Assessment Result	Change
1				
2				
3				
4				

Part 8. Evaluation of Previous Goals

A. List your goals and objectives from your last program review. Did you meet your goals? If not, please explain.

Goals	Objectives	Accomplish Goals?	Explanation (If goal was not met, please explain.)
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

		Yes <input checked="" type="checkbox"/>	
		No <input type="checkbox"/>	
		Yes <input checked="" type="checkbox"/>	
		No <input type="checkbox"/>	

		Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	

Part 9. New Program Goals

A. List 2-4 program goals you want to accomplish during the next four years. Please connect each goal to at least one major campus initiative/plan.

	Goals	Objectives	Timeline Anticipated completion date	Campus Plans and Initiatives Checkmark plan/initiative to which your goal relates.
1				<input type="checkbox"/> Educational Master Plan <input checked="" type="checkbox"/> SEA Plan <input type="checkbox"/> Strategic Plan <input type="checkbox"/> Distance Education Plan <input type="checkbox"/> Technology Plan Guided <input checked="" type="checkbox"/> Pathways Promise/ <input type="checkbox"/> NOCCCD Pledge Strong <input type="checkbox"/> Workforce/Perkins <input type="checkbox"/> Other: <hr/>
2				<input type="checkbox"/> Educational Master Plan <input type="checkbox"/> SEA Plan <input type="checkbox"/> Strategic Plan <input type="checkbox"/> Distance Education Plan <input checked="" type="checkbox"/> Technology Plan <input checked="" type="checkbox"/> Guided Pathways <input type="checkbox"/> Promise/NOCCCD Pledge <input type="checkbox"/> Strong Workforce/Perkins <input type="checkbox"/> Other: <hr/>
3				<input type="checkbox"/> Educational Master Plan <input checked="" type="checkbox"/> SEA Plan <input checked="" type="checkbox"/> Strategic Plan <input type="checkbox"/> Distance Education Plan <input type="checkbox"/> Technology Plan <input checked="" type="checkbox"/> Guided Pathways <input type="checkbox"/> Promise/NOCCCD Pledge <input type="checkbox"/> Strong Workforce/Perkins <input type="checkbox"/> Other: <hr/>
4				<input type="checkbox"/> Educational Master Plan <input type="checkbox"/> SEA Plan <input type="checkbox"/> Strategic Plan <input checked="" type="checkbox"/> Distance Education Plan <input checked="" type="checkbox"/> Technology Plan <input checked="" type="checkbox"/> Guided Pathways <input type="checkbox"/> Promise/NOCCCD Pledge <input type="checkbox"/> Strong Workforce/Perkins <input type="checkbox"/> Other: <hr/>

Part 10. Resources/Needs Assessment

A. Please link all requests to the goals above. Include the goal reference number in the "Justification" section below. Prioritize your requested resources. (Example: If you have three resources listed, then you will prioritize #1, #2, and #3, with #1 being the most important.)

Personnel			
Position	Justification and Impact on Goals	Cost	Priority #
Professional Development			
Activity	Justification and Impact on Goals	Cost	Priority #
Facilities			
Repair or Modification	Justification and Impact on goals	Cost	Priority #
Technology/Equipment/Supplies			
Item	Justification and Impact on Goals	Cost	Priority #

Part 11. Program Review Involvement

A. List the names of faculty and staff who participated in the review process.

B. Describe the involvement of faculty and staff in the program review process.

Part 12. Evaluation and Approval from Division Dean

Comments

Dean/Manager Signature:  _____

Date Approved: Mar 29, 2022 _____

SSPR Form - EOPS 2021

Final Audit Report

2022-03-29

Created:	2022-03-29
By:	AnnMarie Ruelas (aruelas@cypresscollege.edu)
Status:	Signed
Transaction ID:	CBJCHBCAABAAbU7Id2RuBaWyqluTVTDDxqVH_IJJgnX

"SSPR Form - EOPS 2021" History

-  Document created by AnnMarie Ruelas (aruelas@cypresscollege.edu)
2022-03-29 - 11:28:03 PM GMT- IP address: 207.233.78.173
-  Document emailed to Paul de Dios (pdedios@cypresscollege.edu) for signature
2022-03-29 - 11:30:37 PM GMT
-  Email viewed by Paul de Dios (pdedios@cypresscollege.edu)
2022-03-29 - 11:45:13 PM GMT- IP address: 207.233.78.210
-  Document e-signed by Paul de Dios (pdedios@cypresscollege.edu)
Signature Date: 2022-03-29 - 11:45:55 PM GMT - Time Source: server- IP address: 207.233.78.210
-  Agreement completed.
2022-03-29 - 11:45:55 PM GMT