Needs Assessment Process
Fall 2013

Important Deadlines:

September 25, 2013	Flex Day: Needs Assessment/EMP Guidance Workshop (Details TBA)
September 27, 2013	EMP narrative due to Division Deans
October 4, 2013	Research deadline for additional/custom data, if needed
October 11, 2013	Updated EMPs available from Research Office
October 25, 2013	**Committee Meeting:** Needs Workshop (9:00 – 10:45 am; HLS 231)
November 1, 2013	Needs Assessment requests due at midnight with Division/Area rankings
November 22, 2013	**Committee Meeting:** Needs Assessment rankings

Instructions:

1. A complete Needs request includes the specific form(s), one copy of a **<u>current</u>** EMP with updated narrative, and Division/Area rankings. One copy of the Division/Area rankings can be submitted by the Dean/Manager. Requests that do not include all three components are considered incomplete and will not be reviewed.

2. Needs requests are due to the Program Review Committee no later than midnight (Pacific Time) on Friday, November 1, 2013. E-mail your request to: slillard@valleycollege.edu.

3. **<u>Late and/or incomplete requests will not be reviewed.</u>**

4. A recommendation of Continuation or Conditional on the most recent Efficacy Review, <u>and</u> a current EMP narrative (submitted to the Research office by the September 27, 2013 deadline) is required in order to participate in Needs Assessment.

5. EMP Narratives are due to the Division Deans by September 27, 2013. Programs who do not submit updates by this deadline will not be eligible to participate in Needs Assessment this semester.

6. Complete one application for each request. For instance if you are requesting 2 admissions clerks, fill out 2 applications. Facilities requests are the exception; there can be up to 3 facilities requests per application.

7. Completed applications must be no longer than 2 pages, (single-spacing is OK) with 12 pt Times New Roman font, and 1" margins. If you wish to include charts, tables, or bulleted lists, then these must be included within the margin and page limits. Convert your file to pdf before submitting to the committee, and be sure that your pdf version does not exceed 2 pages. **<u>Applications that do not meet these requirements will not be reviewed.</u>**

8. The application should reference the department's most recent Program Efficacy and current EMP. **<u>Requests must be supported by data.</u>** It is worth noting that stronger requests typically incorporate data into more than one response on the application. Requests for additional data must be made to the research office no later than October 4, 2013.

9. Provide the page number(s) for Program Efficacy so that the committee can quickly locate more detailed information.

10. Contact Sheri Lillard (x8646, slillard@valleycollege.edu), or Ed Millican (x8587, emillica@sbccd.cc.ca.us) if you have any questions or would like to make an appointment for assistance with your EMP or Needs requests. Your representatives to the Program Review committee (or any committee member) can also assist you on an individual basis.

NEEDS ASSESSMENT DIVISION/AREA SUMMARY

The purpose of this summary is: to ensure that discussion addressing the needs of departments and individuals is taking place in the Division; to gather any additional information at the division level that supports a needs request; and to provide the committee with some feedback on how requests are integrated into Division planning and goals. It is the responsibility of the Division to check for duplicate applications and advise requestors to consolidate their requests.

Division Name:	
Division Meeting Date:	
Number of Participants:	

Division Feedback:

Rankings (Required)

Budget	Classified Staff	Equipment	Faculty

FACILITIES NEEDS ASSESSMENT APPLICATION

Facilities: Programs should list no more than three facility or renovation items. Identify the area in need of physical renovation, maintenance and/or repair. Requests for additional space should also be listed here. *Requests listed in this category will be forwarded to the Facilities Committee to evaluate through their own processes.* Provide a thorough rationale, **using data to support your request**, in order to help the Facilities Committee with their evaluation. List the approximate cost of your request.

Name of Person Submitting Request:	
Program or Service Area:	
Division:	
Date of Last Program Efficacy:	
What rating was given?	
Strategic Initiatives Addressed:	

Replacement ☐   Growth ☐

1. Renovation Request

Approximate Cost:

2. Renovation Request

Approximate Cost:

3. Renovation Request

Approximate Cost:

TECHNOLOGY NEEDS ASSESSMENT APPLICATION

Technology: Programs should list the technology needed to provide ongoing service or instruction, and an approximate cost of the request. Requests for one-time programmatic equipment should be listed in the appropriate category above. *Technology that is listed in this category will be forwarded to Campus Technology Services to evaluate through their own processes.*

Name of Person Submitting Request:	
Program or Service Area:	
Division:	
Date of Last Program Efficacy:	
What rating was given?	
Amount Requested:	
Strategic Initiatives Addressed:	

Replacement ☐   Growth ☐

1. What technology equipment are you requesting?

2. Indicate how the content of the latest Program Efficacy Report and current EMP data support this request How is the request tied to program planning? *(Reference the page number(s) where the information can be found on Program Efficacy.)*

3. Indicate if there is additional information you wish the committee to consider *(for example: regulatory information, compliance, updated efficiency, student success data, or planning, etc.).*

4. Evaluation of initial cost, as well as related costs (including any ongoing maintenance or updates) and identification of any alternative or ongoing funding sources. (for example Department Budget or Perkins)

5. What are the consequences of not funding this equipment?

FACULTY NEEDS ASSESSMENT APPLICATION

Name of Person Submitting Request:	
Program or Service Area:	
Division:	
Date of Last Program Efficacy:	
What rating was given?	
# of FT faculty	# of Adjuncts	Faculty Load:
Position Requested:	
Strategic Initiatives Addressed:	

Replacement ☐   Growth ☐

1. Provide a rationale for your request.

2. Indicate how the content of the latest Program Efficacy Report and current EMP data support this request How is the request tied to program planning? *(Reference the page number(s) where the information can be found on Program Efficacy.)*

3. Provide updated or additional information you wish the committee to consider *(for example: regulatory information, compliance, updated efficiency, student success data, or planning, etc.).*

4. What are the consequences of not filling this position?

CLASSIFIED STAFF NEEDS ASSESSMENT APPLICATION

Name of Person Submitting Request:				
Program or Service Area:				
Division:				
Date of Last Program Efficacy:				
What rating was given?				
Current number of Classified Staff:	FT:		PT:	
Position Requested				
Strategic Initiatives Addressed:				

Replacement ☐   Growth ☐

1. Provide a rationale for your request.

2. Indicate how the content of the latest Program Efficacy Report and current EMP data support this request How is the request tied to program planning? *(reference the page number(s) where the information can be found on Program Efficacy).*

3. Indicate if there is additional information you wish the committee to consider *(for example: regulatory information, compliance, updated efficiency, student success data, or planning, etc.).*

4. What are the consequences of not filling this position?

EQUIPMENT NEEDS ASSESSMENT APPLICATION

Name of Person Submitting Request:	
Program or Service Area:	
Division:	
Date of Last Program Efficacy:	
What rating was given?	
Equipment Requested	
Amount Requested:	
Strategic Initiatives Addressed:	

Replacement ☐   Growth ☐

1. Provide a rationale for your request.

2. Indicate how the content of the latest Program Efficacy Report and current EMP data support this request How is the request tied to program planning? *(Reference the page number(s) where the information can be found on Program Efficacy.)*

3. Indicate if there is additional information you wish the committee to consider *(for example: regulatory information, compliance, updated efficiency, student success data, or planning, etc.).*

4. Evaluation of initial cost, as well as related costs (including any ongoing maintenance or updates) and identification of any alternative or ongoing funding sources. (for example Department Budget or Perkins)

5. What are the consequences of not funding this equipment?

Needs Assessment Applications due by midnight on 11/1/2013. Attach 2013 EMP for your program.

BUDGET NEEDS ASSESSMENT APPLICATION

Name of Person Submitting Request:	
Program or Service Area:	
Division:	
Date of Last Program Efficacy:	
What rating was given?	
Amount Requested:	
Strategic Initiatives Addressed:	

Replacement ☐   Growth ☐

1. Provide a rationale for your request.

2. Indicate how the content of the latest Program Efficacy Report and current EMP data support this request. How is the request tied to program planning? *(Reference the page number(s) where the information can be found on Program Efficacy.)*

3. Indicate if there is additional information you wish the committee to consider *(for example: regulatory information, compliance, updated efficiency, student success data, or planning, etc.).*

4. Evaluation of initial cost, as well as related costs (including any ongoing maintenance or updates) and identification of any alternative or ongoing funding sources (for example Department Budget or Perkins).

5. What are the consequences of not funding this budget request?