

# 2011-12 SSPBT Annual Program Review Update

## GENERAL INFORMATION

**PROGRAM NAME:** (Double-click in the green box to enter information)

College Life

**NAME:** Name of person or persons that completed this APRU form.

John Cognetta, Dennis Shannakian, La Donna Yumori-Kaku

## I. PROGRAM DESCRIPTION

**A.** What are the primary support purposes of this program? (Choose (x) all that apply)

<input type="checkbox"/>	Basic Skills	<input type="checkbox"/>	Access	<input type="checkbox"/>	Learning Resources
<input type="checkbox"/>	Degree	<input checked="" type="checkbox"/>	Success	<input type="checkbox"/>	Academic Services
<input type="checkbox"/>	Transfer	<input checked="" type="checkbox"/>	Retention	<input checked="" type="checkbox"/>	Personal Enrichment
<input type="checkbox"/>	Career/Technical	<input checked="" type="checkbox"/>	Persistence	<input checked="" type="checkbox"/>	Student Cohort
<input type="checkbox"/>	Other	(Explain) _____			

**B.** What is the **Mission Statement** for this program?

Provide a vibrant college life program for the students, faculty and staff of De Anza College

**C.** How many students does this program serve? (Approx. annually unduplicated)

23,000 +

**D.** Identify and describe (briefly) this program's relationships and collaborations with other college programs:

We have relationships and collaborations across the campus through the involvement of DASB and ICC such as New Student Orientations, funding for Divisional Support, College Services, Student Services, assisting with the planning of special events sponsored by different campus entities; producing photo id cards for students and employees.

## IIA. PROGRAM SERVICES

Click on the "List of Services" tab at the bottom of this sheet.

## IIB. SERVICE DESIGNATIONS

Click on the "Service Designations" tab at the bottom of this sheet.

## III. OUTCOMES ASSESSMENT - INSTRUCTION

(Skip Section III and go to **Section IV** if there is no curriculum offered in this program)

**A.** Which SLO statements did you assess in 2011-12?

## 2011-12

### SSPBT Annual Program Review Update

**B.** What did you learn? Briefly summarize the results of the reflection and enhancement discussions.

**C.** What additional resources are needed to implement the enhancement/improvements plans?  
(Please give a very brief overview - details will be asked for in Section VI)

**D.** What are your **SLOAC** plans for 2012-13?

### **IV. OUTCOMES ASSESSMENT - SERVICES**

**A.** Which SSLO statements did you assess in 2011-12?

SSLO # 1: Student involved in DASB leadership will identify and improve their leadership styles.  
SSLO # 2: Students involved in DASB leadership will demonstrate improved skills in conflict management, meeting management, communication, and budgeting.  
SSLO # 3: Student will be able to identify the appropriate procedures for joining a student club or starting a new club.

**B.** What did you learn? Briefly summarize the results of the reflection and enhancement discussions.

Our students greatly increase their leadership skills through participation in multiple events and programs. However, early intervention with structured workshops may be beneficial.

**C.** What additional resources are needed to implement the enhancement/improvements plans?  
(Please give a very brief overview - details will be asked for in Section VI)

**D.** What are your **SSLOAC** plans for 2012-13?

Proactively provide workshops shortly after student elections.  
Create focus groups to make sure we are providing services to students that are pertinent and timely.  
Look at mobile apps and the web for enhancing the college life experience.

### **V. CURRENT TRENDS/CHALLENGES**

**A.** What does the near future portend for this program?

College Life plays a vital role in students feeling connected to the campus.

**2011-12**  
**SSPBT Annual Program Review Update**

**B. What are the challenges for this program?**

1. It is going to be difficult going to the DASB Senate year after year asking for funds to pay for classified staff that have traditionally been paid for by the college.
2. Locating available facilities for student events and meetings.
3. Cost of on campus services for student events.
4. Working with an outdated ID carding system.

**C. What are the opportunities for this program?**

1. Moving into more online based services.
2. Growth; with the increased competition to get into UCs and CSUs extracurricular activities should be a more sought out service.

**D. Does this program anticipate rapid change, slow change, no change, or other?**

Rapid Change

**E. Are there any amendments to this program's 2008-09 Comprehensive Program Review? (CPR)**

There are currently 69 clubs with an estimated 1,000 students participating in them.

**F. Explain what changes or revisions you have made, if any, to your services based on results of last year's program review update (2010-11).**

**G. Explain anything that should be known about this program that hasn't been asked.**

## VI. RESOURCE REQUESTS

**A. Personnel Requests:** Please submit the **top three** personnel requests in ranked order: (If there are more than three personnel requests, maintain a separate prioritized list using the same justification categories as in the APRU. If resources are available the SSPBT may ask for more items to be submitted.)

**Program Position Priority #1:** (Check (x) appropriate boxes)

Faculty

Staff

Administration

Full-Time

Part-Time

Est. Cost:

Priority #1 position name:

## 2011-12

### SSPBT Annual Program Review Update

Brief description: (new or replacement from retirement or resignation)

**Rationale:** How will this person enhance or maintain your program's plans to improve outcomes? What specific SLOAC/SSLOAC results support this program's need for this position?)

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important", or "Nice to have". (Check only one)

**Critical**       **Important**       **Nice to have**

**Program Position Priority #2:**(Check (x) appropriate boxes)

Faculty

Staff

Administration

Full-Time

Part-Time

Est. Cost:

Priority #2 position name:

Brief description:(new or replacement from retirement or resignation)

**Rationale:** How will this person enhance or maintain your program's plans to improve outcomes? What specific SLOAC/SSLOAC results support this program's need for this position?)

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important", or "Nice to have". (Check only one)

**Critical**       **Important**       **Nice to have**

**Program Position Priority #3:**(Check (x) appropriate boxes)

Faculty

Staff

Administration

Full-Time

Part-Time

Est. Cost:

Priority #3 position name:

Brief description:(new or replacement from retirement or resignation)

**Rationale:** How will this person enhance or maintain your program's plans to improve outcomes? What specific SLOAC/SSLOAC results support this program's need for this position?)

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important", or "Nice to have". (Check only one)

**2011-12**  
**SSPBT Annual Program Review Update**

**Critical**       **Important**       **Nice to have**

**B. Equipment Requests:** Please submit the top three program equipment requests in ranked order: (If there are more than three equipment requests, maintain a separate prioritized list using the same justification categories as in the APRU. If resources are available the SSPBT may ask for more items to be submitted.)

**Program Equipment Priority #1:**

Est. Cost:

Priority #1 item name:

Brief description:(new, upgrade, or replacement)

**Rationale:** How will this resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for this item?

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important" , or "Nice to have". (Check only one)

**Critical**       **Important**       **Nice to have**

**Program Equipment Priority #2:**

Est. Cost:

Priority #2 item name:

Brief description:(new, upgrade, or replacement)

**Rationale:** How will this resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for this item?

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important" , or "Nice to have". (Check only one)

**Critical**       **Important**       **Nice to have**

**Program Equipment Priority #3:**

Est. Cost:

Priority #3 item name:

**2011-12**  
**SSPBT Annual Program Review Update**

Brief description:(new, upgrade, or replacement)

**Rationale:** How will this resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for this item?

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important" , or "Nice to have". (Check only one)

**Critical**                       **Important**                       **Nice to have**

**C. Facility Requests:** Please submit the top three facilities resource requests in ranked order:(If there are more than three facilities requests, maintain a separate prioritized list using the same justification categories as in the APRU. If resources are available the SSPBT may ask for more items to be submitted.)

**Program Facilities Priority #1:**

Est. Cost:

Priority #1 project name:

Brief description:(new, remodel, relocation)

**Rationale:** How will this resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for this item?

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important" , or "Nice to have". (Check only one)

**Critical**                       **Important**                       **Nice to have**

**Program Facilities Priority #2:**

Est. Cost:

Priority #2 project name:

Brief description:(new, remodel, relocation)

**Rationale:** How will this resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for this item?

# 2011-12 SSPBT Annual Program Review Update

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important", or "Nice to have". (Check only one)

Critical       Important       Nice to have

**Program Facilities Priority #3:**

Est. Cost:

Priority #3 project name:

Brief description:(new, remodel, relocation)

**Rationale:** How will this resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for this item?

Based on the needs of this program, check (x) whether this request is considered to be "Critical", "Important", or "Nice to have". (Check only one)

Critical       Important       Nice to have

**D. Professional Growth Resource Requests:** In the space below, identify any professional growth initiatives that need additional funding. Include whether the needs are related to technology (hardware/software), the discipline, legal matters, District/College operations, Research/Innovations in the classroom, office, operations, etc. (List in ranked order)

Est cost of #1       Est cost of #2       Est cost of #3

**Rationale:** How will each professional growth initiative resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for each

Based on the needs of this program, check (x) whether each of the **top three** requests are considered to be "Critical", "Important", or "Nice to have". (Check only one per request)

**Professional Growth Initiative request #1:**

Critical       Important       Nice to have

**Professional Growth Initiative request #2:**

Critical       Important       Nice to have

**Professional Growth Initiative request #3:**

Critical       Important       Nice to have

# 2011-12

## SSPBT Annual Program Review Update

**E. Operating Resource Requests ('B' augmentations):** In the space below identify any additional operational funding needs. (List in ranked order)

Est cost of #1       Est cost of #2       Est cost of #3

**Rationale:** How will each additional operational resource enhance this program's plans to improve outcomes? What specific SLOAC/SSLOAC results support the program's need for each item?

Based on the needs of this program, check (x) whether each of the **top three** requests are considered to be "Critical", "Important" , or "Nice to have". (Check only one per request)

**Operational budget request #1:**

Critical       Important       Nice to have

**Operational budget request #2:**

Critical       Important       Nice to have

**Operational Budget request #3:**

Critical       Important       Nice to have