

**NAME of Program (Degree, Certificate, or Pathway):**

WELDING

**Name of Faculty Lead and/or Faculty Responsible for Program Review Update:**

KEN GRAHAM, RICK BREMEN, AND TOM PITARD

**Date Submitted:**

12/12/2012

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**Faculty: Do not fill in below this section**

**Received by appropriate Dean/VP**

Dean (name and date):

Vice President (name and date)::

**Date sent to IEC, if applicable:**

## Instructional Program Review: Annual Update

1. Have there been any changes in the program over the past year that have had a significant impact on it goals and/or effectiveness? If so, please describe the changes and their impact. *(Refer to questions 1 and 2 in the most recent Program Review.)*

WE HAVE MOVED TO A NEW FACILITY WHICH HAS GREATLY IMPROVED OUR TEACHING AND LEARNING ENVIRONMENT.

2. Summarize the progress the program has made on SLO measures which have been applied since the last Program Review and any improvements made as a result of the outcomes assessment process. *(Refer to question 6.B. in the most recent Program Review.)*

WE HAVE UPDATED THEM FOR THIS YEAR AND ENTERED THEM IN CURICUNET WITH METHODS OF TEACHING AND OTHER ASSOCIATED DATA. IT HAS HELPED TO ALIGN OUR SPECIFIC AREAS OF CONCERN IN THE VARIOUS WELDING PROCESSES.

In addition, describe the plan for assessing the SLOs that have not been assessed at this time.

NO SPECIFIC PLAN OTHER THAN TO CONTINUE TO MONITOR THE STUDENTS PROGRESS TO AID THEM IN ACHIEVING THEIR GOALS.

3. Provide a status update on meeting the program goals and objectives identified in the last Program Review. *(Refer to question 8 in the most recent Program Review.)*

NONE AT THIS TIME.

4. a. Revise and update as needed the [Goals/Objectives/Actions](#) table, entering the specific program goals and objectives which have been formulated to maintain or enhance strengths, or to address identified weaknesses. New goals and objectives may be created, and/or goals and objectives from last year may be carried over in original or modified form.  
b. In addition, enter any [resources required](#) to achieve each objective. *(Refer to question 9 in the most recent Program Review.)*
5. If there is anything else that should be taken into consideration in evaluating the program's Annual Update, please describe it.

The number of hours that are involved in preparing the classes as well as hours of updating needs to be taken into consideration for those involved

### Goals\*/Objectives/Actions

*\*Indicate how each Goal is aligned with the College’s Strategic Priorities*

GOAL		ALIGNMENT*	OBJECTIVE	OUTCOMES/MEASURES	ACTIONS/TASKS REQUIRED TO ACHIEVE OBJECTIVE		Date Completed/or Status
#1	I AM OFFICIALLY AT A LOSS ON WHAT TO DO ON THIS FORM K.G.	<input type="checkbox"/> 1. Foster innovative learning environment <input type="checkbox"/> 2. Provide Successful college learning experience <input type="checkbox"/> 3. Promote and support student engagement <input type="checkbox"/> 4. Cultivate and enhance local partnerships <input type="checkbox"/> 5. Attract/ develop excellent employees <input type="checkbox"/> 6. Strengthen college planning/ decision making	#1)		a)		
					b)		
					c)		
			#2)		a)		
					b)		
					c)		
			#3)		a)		
					b)		
					c)		
#2		<input type="checkbox"/> 1. Foster innovative learning environment <input type="checkbox"/> 2. Provide Successful college learning experience <input type="checkbox"/> 3. Promote and support student engagement <input type="checkbox"/> 4. Cultivate and enhance local partnerships <input type="checkbox"/> 5. Attract/ develop excellent employees <input type="checkbox"/> 6. Strengthen college planning/ decision making	#1)		a)		
					b)		
					c)		
			#2		a)		
					b)		
					c)		
			#3		a)		
					b)		
					c)		
#3		<input type="checkbox"/> 1. Foster innovative learning environment <input type="checkbox"/> 2. Provide Successful college learning experience <input type="checkbox"/> 3. Promote and support student engagement <input type="checkbox"/> 4. Cultivate and enhance local partnerships <input type="checkbox"/> 5. Attract/ develop excellent employees <input type="checkbox"/> 6. Strengthen college planning/ decision making	#1		a)		
					b)		
					c)		
			#2		a)		
					b)		
					c)		
			#3		a)		
					b)		
					c)		

## Resources Required

Goal #	Objective #	Resource Required	Rationale*	Estimated Cost

**\*Rationale:** For each resource listed, enter the reason(s) the resource is needed to achieve the objective.

A [BUDGET ALLOCATION PROPOSAL](#) must be completed and submitted for **EACH** new resource requested.