

Instructional Program Review- Annual Update Template

Instructional Program

Indicate the type of program: AA; AS; AA-T; AS-T; Certificate

Program Name: Industrial Maintenance Mechanic Technology A/S Degree

Academic Year: 2024-2025

Name of Faculty Submitter(s): Roland O'Neal, Robert Sheldon

Annual Update #1 #2

***Note: An Annual Update must be submitted each year that a Program Review is not submitted.**

I. Progress on Program Level Outcomes (PLOs) and Student Learning Outcomes (SLOs) Data

A) Summarize the progress made on course level outcomes and assessments (SLOs):

The IMMT courses success rates remain high, with retentions rates above 80%, SLO's are measure by exams and Lab performance exams.

B) Please list specific courses or SLOs that were identified for student-centered growth and improvement.

Use the information from Part C of the "Program Learning Outcomes Assessment Data" section of the IPR.

No specific course have been identified for student centered growth or SLO's singled out , some Data indicates slo 2, 3, 4 but do not indicate from what course as each course has its on SLO's and course Objectives.

1) List the actions identified to help grow or improve those areas.

Increased enrollment counts would be the main action to improve or grow the programs. Also partnering with local employers to connect skills and abilities gained thru our training programs for workforce advancement. Expand our training space on the college property.

2) Discuss the progress the program has made on those actions. Include any data used to support progress.

Enrollment counts vary from semester to semester, and from Level (60) series to Level II (70) series. With more marketing and counselor referral the programs will grow. Also the continued efforts in partnering with surrounding employers in alignment efforts for training future workforce potential employees in skills and abilities. We have made progress with potential internships with the Marine base, Nextera Energy collaboration for student launch initiatives with employment opportunities.

C) Please list any actions identified to support equitable outcomes.

Use the information from Part D of the "Program Learning Outcomes Assessment Data" section

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in the IPR.

The instructor and in general the IMMT programs have no equitable issues with the program. The IMMT program is well diversified, gender friendly and has no race issues.

- 1) List the specific student groups the program identified as students they would like to focus their efforts on.

I have expressed my opinion that BCC's female population is under utilized in the CTE programs. A focused effort for diversity and inclusion would help with this.

- 2) Discuss any progress with equitable action within the program and any measures taken to ensure the identified student group(s) would receive appropriate support. Include any data used to support progress.

The black male student enrollment has increased, in the past semesters. However, some have struggled with home work (Canvas) and attendance issues. The same work assignments are given to all students in the course, with no equity gaps.

- D) Describe any other program, course, and/or instructional changes made by your program as a result of the outcomes assessment process.

No changes have been made by me (Roland O'Neal) , Except for in the lab hours (hands-on) and classroom time changes due to lack of time for module completion.

- E) Reflecting on the responses for B) and C) above, what will you implement for the next assessment cycle?

The next instructor will adopt the newer textbook editions of IMMT (Edition 4) and work will be directed to combine the one unit courses into three and four unit courses.

II. Progress Toward Achieving Program Goals, Objectives, and Outcomes

These should be carried forward from your full Program Review (Section III), or from your Annual Update #1, if revised since your full Program Review.

A) List the 2-3 goals from your Program Review or most recent update.

1. **GOAL #1**

Increase enrollment numbers

2. **GOAL #2**

Maintain funding and or increase budget for expansion of training abilities

3. **GOAL #3**

Hire qualified instructors

B) Have any goals been completed or discontinued?

If yes, please list the goal and whether it has been completed or discontinued; if discontinued, please explain why.

Yes

No

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Goal 3#, two new welding adjunct instructors have been hired, faculty positions are being backfilled.

C) Discuss the objectives and related outcomes for each goal.

1. GOAL #1 Objective(s) with related Outcome.

Increase enrollment counts

- **Discuss any progress toward meeting the goal based on the goal objectives.**
The enrollment counts fluctuate with either spring and fall semesters
- **Briefly explain how you have been measuring the goal and any notable indicators of forward progress.**
We measure by student count per semester

2. GOAL #2 Objectives with related Outcome.

Maintain funding and or increase budget for expansion of training abilities

- **Discuss any progress toward meeting the goal based on the goal objectives.**
Some small equipment has been purchased, but no large capital spending has been completed.
- **Briefly explain how you have been measuring the goal and any notable indicators of forward progress.**
By way of having the physical assets at hand and used in the classroom.

3. GOAL #3 Objectives with related Outcome.

Hire new instructors

- **Discuss any progress toward meeting the goal based on the goal objectives.**
Two new adjunct instructor have been hire for the CTE programs.
- **Briefly explain how you have been measuring the goal and any notable indicators of forward progress.**
Faculty position is being backfilled.

D) List any resource you are requesting for each goal.

1. Goal 1 Goal 2 Goal 3

Please list the resource and how it relates to the goal.

Click or tap here to enter text.

2. Goal 1 Goal 2 Goal 3

Please list the resource and how it relates to the goal.

Click or tap here to enter text.

3. Goal 1 Goal 2 Goal 3

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Please list the resource and how it relates to the goal.

Click or tap here to enter text.

III. New Goals (optional)

This section is optional and should be used to replace a completed or discontinued goal OR if a new goal has become necessary for the program.

A. NEW GOAL #1

Click or tap here to enter text.

1. Alignment to BCC Strategic Priority (*Select at least one but choose all that apply*)

Choose an item.

Choose an item.

Choose an item.

Choose an item.

2. Relationship to Guided Pathways

Clarify the Path

Entering the Path

Staying on the Path

Support Learning

3. Please list at least one objective for achieving this goal.

Click or tap here to enter text.

4. Please list outcome statements for each objective.

Click or tap here to enter text.

5. Briefly explain how you will measure the outcome.

6. Please list resources (if any) that will be needed to achieve the goal/outcome.

Click or tap here to enter text.

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B. NEW GOAL #1

Click or tap here to enter text.

1. Alignment to BCC Strategic Priority (*Select at least one but choose all that apply*)

Choose an item.

Choose an item.

Choose an item.

Choose an item.

2. Relationship to Guided Pathways

Clarify the Path

Entering the Path

Staying on the Path

Support Learning

3. Please list at least one objective for achieving this goal.

Click or tap here to enter text.

4. Please list outcome statements for each objective.

Click or tap here to enter text.

5. Briefly explain how you will measure the outcome.

Click or tap here to enter text.

6. Please list resources (if any) that will be needed to achieve the goal/outcome.

Click or tap here to enter text.

IV. Resource Requests: What does the program need to meet its goals and objectives?

What does the program need to meet its goals and objectives?

List all resources from Sections II.D and III.6 below.

If there was no room on the template to list all resources being requested for a single goal/objective, you may list additional resource requests here. Also list any resources required to implement planned improvements.

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IMPORTANT: A BUDGET ALLOCATION PROPOSAL must be completed and submitted for **EACH** new resource requested.

Goal #	Objective #	Resource Required	Estimated Cost	BAP Required? Yes or No	In No, indicate funding source
1	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
2.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
3.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.		Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

BUDGET ALLOCATION PROPOSAL

Date: <u>10/31/2024</u>	Originator: <u>Jennifer Rodden on behalf of IMMT/IMEI</u>		
Program or Department Name:	<u>IMMT/IMEI AS and certificates</u>		
Dean/Vice President/Supervisor:	<u>Jennifer Rodden/Laura Alvarado</u>		
What are you requesting? (<i>Brief</i>)	<u>Full-time Tenure-Track IMMT/IMEI Faculty</u>		
Amount Requested: <u>\$93,561</u>	<input type="checkbox"/> One-time Funding	<input checked="" type="checkbox"/> Ongoing Funding	
Funding Source (if known):	_____		
REQUEST TYPE:			
<input checked="" type="checkbox"/> Personnel/Staffing <small>Complete <i>Personnel/Staffing</i> section below</small> <input type="checkbox"/> OTHER	<input type="checkbox"/> Technology Resource <small>Complete <i>Technology</i> section below</small>	<input type="checkbox"/> Facilities Resource <small>Complete <i>Facilities</i> section below</small>	<input type="checkbox"/> Professional Development <small>Complete <i>Professional Development</i> section below</small>

PERSONNEL/STAFFING REQUEST	
Is the position request for:	<input checked="" type="checkbox"/> Faculty <input type="checkbox"/> Classified <input type="checkbox"/> Management/Confidential
Is the position requested:	<input type="checkbox"/> A new classification (Attach <i>proposed</i> job description, or <i>detailed</i> list of proposed duties) <input checked="" type="checkbox"/> An existing classification <i>Official Job Title:</i> _____
Is the position requested:	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time: <u>10</u> Months/Year _____ Hours/Week

TECHNOLOGY RESOURCE REQUEST	
Indicate the category of the request:	
<input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Printer/Copier <input type="checkbox"/> Network <input type="checkbox"/> Audio-Visual <input type="checkbox"/> License/Maintenance	
Indicate the intended users:	<input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other
Is training required?	<input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____
How will it be secured?	<input type="checkbox"/> Alarm <input type="checkbox"/> Secure Room <input type="checkbox"/> Secure Cabinet <input type="checkbox"/> Cable/Lock <input type="checkbox"/> Password
Have you completed and attached the Technology Assessment Form ?	

FACILITIES RESOURCE REQUEST	
Indicate the intended users:	<input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other
Is maintenance required?	<input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____

BUDGET ALLOCATION PROPOSAL

PROFESSIONAL DEVELOPMENT REQUEST				
Indicate the intended users:	<input type="checkbox"/> Students	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Other
Do other internal areas/departments need to be involved?				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: _____		
Is technology needed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: _____	

1. Why is the request being made?

This request is being made due to an impending retirement by the FT faculty member for both IMMT and IMEI programs. In order to grow the program, support students, address partnership demands, and support regional needs, we are requesting to fill the position.

2. a) Where in the Program Review/Annual Update is the request supported? Include the text from the Program Review AND cite the applicable section number(s).

The need for this resource is addressed in the SWOT analysis—the fact that the majority of the IMMT and IMEI programs are taught by PT faculty with one FT faculty member who will be retiring.

b) Explain how the request is supported with information gathered from the assessment of outcomes (Student Learning Outcomes, Program Level Outcomes, Service Area Outcomes, or Administrative Unit Outcomes).

Outcome assessment data reflected a need to address the following disproportionately impacted groups—Black/African American students in particular.

c) How was this included in the Area Goals section of your Program Review? Please cite section/item number and include the text.

This request is supported by Goal #1: increase enrollment.

3. If this item is approved, what departments or resources are needed, or would be affected, when implementing or developing it, on both a short-term and a long-term basis? Have they been notified?

Example: [Technology Assessment Form](#)

(This question is not required for Personnel/Staffing requests.)

N/A

4. a) How will this resource improve student success or institutional services?

With an increase in workforce partnerships, student demand along with local and regional needs for skilled trades people, especially with potential projects like BIG coming our way, a FT faculty member to champion these programs and support students is vital.

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- b) What data will you gather and analyze to demonstrate that your proposal is meeting this goal(s)?

We will analyze enrollment data disaggregated by ethnicity, modality, face-to-face enrollment numbers, and student persistence and completion.

- 5) Describe how your request is aligned with as many of the college's strategic planning documents as applicable. (If the request does not align with a document, indicate N/A.)

Please be specific and provide detail, ensuring a clear correlation between content of referenced document and the request. Cite the section and page numbers where the correlation can be found.

(Follow the links to access each document)

1. [Mission Statement](#)

Barstow Community College is committed to providing an equitable, accessible, and affordable education to its diverse student body, including local, military, distance education, and historically marginalized student populations.

2. [Strategic Priorities / Strategic Goals](#)

Implement equitable pathways to student completion: Increase student access, success, persistence, and completion with a focus on disproportionately impacted groups in all instructional modalities. Create an engaged vibrant community: increase access to campus to engage and enrich the campus and broader community.

3. [Educational Master Plan](#)

Enhance the campus experience to inspire a sense of belonging and promote well-being.

4. Others: Such as [Technology Plan](#) , [Facilities Master Plan](#), [HR Staffing Plan](#), [Professional Development Plan](#)

Vision 2030 – Outcome 3 Workforce Outcome: Increase with equity the number of California community college students who earn a living wage.

BUDGET ALLOCATION PROPOSAL

ADMINISTRATIVE USE

Administrator: _____ Title: _____

Comments/Recommendations:

Signature: _____ Date: _____

Administrator: _____ Title: _____

Comments/Recommendations:

Unit Priority Ranking: _____ of _____

BUDGET INFORMATION

*(This section **MUST** be completed)*

Budget Program Number: _____ Restricted Unrestricted

Comments regarding Budget Information: _____

Signature: _____ Date: _____