

**2009-2011 DACC Bi-Annual Program Review and Institutional Planning Process
Form Instructions**

- Before you begin, save a copy of the form on your computer or server, and change the name to include your program name.
- You can copy and paste text into the boxes of this form.
- Save frequently.
- Once you have completed the form, send the form by email attachment in Groupwise to IR Support.
- You will receive a confirmation email upon receipt of your submitted form within 2 business days. Please contact IR Support by Groupwise if you have not received a confirmation email within 2 business days.

Box Instructions

1. Program (Page 1)

- a. Begin on page 1.
- b. Click on the downward-facing arrow in the right corner of the box.
- c. A drop-down list of programs, departments, and units will appear.
- d. Select your program by highlighting and clicking on it.
- e. **If you do not see your program in the drop-down list**, delete the instructions that appear in the program box, and type the name of your program in the box.

Note: The program name that is selected or entered in the program box on the first page will automatically populate the program boxes on the following pages.

2. Date (Page 1)

- a. Place your cursor over and click on the date box.
- b. A downward-facing arrow will appear to the right of the date box.
- c. Click on the arrow, and a calendar will appear.
- d. Choose the date by clicking on the appropriate date on the calendar.
- e. If you prefer, you can type the date manually into the box instead.

Note: The date entered in the date box on the first page will automatically populate the date boxes on the following pages.

3. Unit Mission Statement (Page 1)

- a. Type or paste your Program/Department/Unit Mission Statement.

4. Staff Present (Page 1)

- a. Type or paste the names of each staff member present during your program planning session.

5. Program Strength Number 1 (Page 1)

- a. Type or paste a strength of your unit.
 - i. Consider what your unit does well.

For example, “Professionalism of our office staff is high.”

6. Why is this a strength? (Page 1)

- a. Type or paste three reasons justifying the program strength listed above.

7. Program Strength Numbers 2 – 5 (Pages 2 – 5)

- a. Repeat steps 5 and 6 for up to five program strengths.
- b. You are encouraged to include no more than five program strengths, but if you would like to include more, you can submit two forms.

8. Program Concern Number 1 (Page 6)

- a. Type or paste a concern of your unit.
 - i. Consider areas for improvement of your unit.
For example, “We are concerned about how best to establish priorities for our office.”

9. Possible Improvement Activities (Page 6)

- a. Type or paste three possible improvement activities to address the program concern listed above.

10. Program Concern Numbers 2 – 5 (Pages 7 – 10)

- a. Repeat steps 8 and 9 for up to five program concerns.
- b. You are encouraged to include no more than five program concerns, but if you would like to include more, you can submit two forms.

11. Program Improvement Objective Number 1 (Page 11)

- a. Type or paste the first improvement objective of your unit, in order of priority.
 - i. Consider ways in which your unit can improve.
For example, “Implement STAR for all degree and certificate granting programs at DACC.”

12. Program Actions Planned to Achieve Improvement Objective Number 1 (Page 11)

- a. Type or paste three planned actions that will lead to the achievement of the improvement objective listed above.

13. Does the completion of the objective require additional fiscal and/or human resources? (Page 11)

- a. Answer the question by selecting “yes,” “no,” or “not sure.” Click on the appropriate radio button.

14. If yes, please describe needed resources. (Page 11)

- a. If you selected “yes” to the question above, type or paste a description of what resources will be necessary to complete your improvement objective.

15. Which HLC Criterion would the completion of this improvement objective support? (Page 11)

- a. Answer the question by clicking the checkboxes next to the all of the applicable HLC Criterion. For more information about HLC Criteria, please visit:
<http://dacc.nmsu.edu/fs/iep/docs/Data%20Resources/Institutional%20Accreditation/HLC%20Criteria%20for%20Accreditation.pdf>

16. Numeric Performance Targets for year ending in June 2011 (Page 11)

- a. Type or past three numeric performance targets associated with this improvement objective.
For example, “Train 100% of staff who will have access to the STAR system prior to full STAR implementation.”

17. What assessment techniques/tools will be used to determine whether objective 1 is achieved? (Page 11)

- a. Type or paste a description of the assessment measures you will utilize in determining the achievement of this objective.
For example, “Measure project activity and success against implementation timeline to determine status of STAR implementation.”

18. Program Improvement Objective Numbers 2 – 5 (Pages 12 – 15)

- a. Repeat steps 11-17 for up to five program improvement objectives.
- b. You are encouraged to include no more than five improvement objectives, but if you would like to include more, you can submit two forms.