|  | **Responsiveness to the Component** | **Evidence** | **Analysis: Explanation/ Rationale of Assertions Supported by Evidence** | **Overall Judgment** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| 1. What does the program do? | CEHS has 20 rubrics. Dental assisting medical coding and medical billing, emergency cardiovascular care, and other healthcare courses. |  |  | Accepted without Recommendations. | NOTE: EMAIL is missing. |
| 2. Program relationship to the college mission and strategic plan. | Related to operations of the CEHS department. | The program was related to each goal in strategic plan. | Evidence was provided in relation to each of the three strategic goals. | Accepted without Recommendations. |  |
| 3. Program relationship to student demand. | Enrollment has been steadily declining. | Changes to marketing, online training options, and challenges to registration.  Accepted with recommendations – need evidence or proof. | Changes to marketing, online training options, and challenges to registration.  Accepted with recommendations – need evidence or proof. | Accepted with recommendations. | Need proof that enrollment down due to marketing, online training options, and challenges to registration. Consider a student survey that will validate these problems.  Note in the next section you discuss Appendix B which documents difficulties enrolling due to website. |
| 4. Program relationship to market demand. | Market demand high but enrollment low?  It is not clear whether market demand is for credit or non-credit. | Appendix A shows enrollment in serious decline. | Table 1 shows data from Appendix A. Here we see enrollment in serious decline.  Accepted with recommendations. Be more clear as to demand for credit or non-credit classes. | Accepted with recommendations.  Be more clear as to demand for credit or non-credit classes. | Accepted with recommendations. Be more clear as to demand for credit or non-credit classes. |
| 5. How effective is the program’s curriculum? | CEHS courses are short term. Courses are non-credit. Difficult to ascertain curricular barriers. | Good evidence that the program curriculum is current. | CEHS does not have an advisory committee. Input comes from the 15 advisory committees from the health sciences division.  CEHS director left 2022 and replacement has not been secured. | Accepted without recommendations.  I trust that the advisory committees help design the curriculum. | Section V has a few sentences with no periods. See page 14:  She is the only dedicated CEHS employee  I trust that the advisory committees help design the curriculum. |
| 6. How well does program communicate? | They have hired assistance for new department webpage but enrollment going even lower.  They addressed the component. Accept without recommendations. | Adm staff updates website and directors initiate changes to the catalog. | They want to go back to registration guide because it was effective in the past. | Accepted without recommendations. | Accepted without recommendations. |
| 7. How well are partnership resources built & leveraged? | Appendix | Appendix. | In appendix. | Accepted without recommendations. | Accepted without recommendations. |
| 8. Are the faculty supported with professional development? | Appendix | In appendix. | In addendix | Accepted with recommendations. | Accepted with recommendations.  Only one person was listed, but only the one full-time employee is needed for documentation.  Need to include others – a recommendation. |
| 9. [Optional] Does the program have adequate facilities, equipment and financial resources? | d |  |  |  | Was marked as N/A. |
| 10. How have past CIPs contributed to success? | Information provided.  Improvements to website needed. | Improvements to website needed. | Improvements to website needed. | Accept without recommendations. | Accept without recommendations. |
| 11. How will program evaluate its success? | 5% increase in enrollment | 5% increase in enrollment | 5% increase in enrollment | Accepted without recommendations. | Accepted without recommendations. |
| 12. Future Continuous Improvement Plan (CIP) | New cip tables |  |  | Accepted without recommendations. | Accept without recommendations. |

**Overall Decision:**

|  |  |  |  |
| --- | --- | --- | --- |
| Accepted Without Recommendations | X Accepted With Recommendations | \_\_ Accepted with Required Recommendations | Revisit and Revise |

**General comments about the submission or rationale for the conclusion:**