2009-2010 Instructional Program Review and Planning Supplemental Form

Please complete this form for each priority you identified in the 2008-2009 progress report (review these at <u>PRP Supplemental Report Form</u>). Please list at the end of this form the faculty and staff who participate in this report. Forward (1) a hard copy to Instructional Services and (2) email a Microsoft Word copy to <u>idecker@palomar.edu</u> no later than 3/05/2010.

Department Speech and ASL Department	Department Priority # 1		☐ No funding/resources are being requested
Program/Discipline: American Sign Language		Program/Discipline Priority # FOR 2010-2011: #1	

	ram Review and Planning (PRP) document subr a priority for the upcoming academic year or dev				nis program or
*2. Data Analysis (restate or summarize The data reflects growth in the discipline an in the Fall 2009 semester, further supporting	the data analysis from the PRP): d a need for more full-time instruction and suppo g the need for a budget increase.				e was instituted
*3.a/b. Describe your goal (priority) base Our goal is to increase ongoing funds fo	d on data analysis from the PRP: r full-time instruction and support staff (stud	ent or short-term hourly work	ers).		
Resources requested: Identify all the resources you are requesting to support the implementation of this priority. These resources would be additional funding needed beyond what is already provided to the discipline through the base resource allocation process.	Describe the resource(s) requested	Cite page(s) that provide rationale for this priority request	Estimated Amount of Funding Requested	New, one- time funding	New, on-going funding
*4.a. Equipment – Per unit cost is ≥\$500 (microscopes, table saw, etc.)					
*4.a. Technology (computers, data projectors, document readers, etc.)					
*4.b. Budget for 4000s - Per unit cost is ≤\$500 (supplies)					
*4.b. Budget for 5000s – Printing, maintenance agreements, software license, accreditation fees, etc.					
*4.c. Facilities					
*4.d. Faculty position	1 Full-time Faculty position	Pg. 3, Item D	55,000.00		
*4.e. Classified staff position (contract) *4.e. Classified staff position (hourly)	Funding for ASL Lab Tech payroll	Pg.3, item 4B (should have been under 4E)	12,000.00		
			TOTAL 67,000.00		

How will you evaluate whether or not you have met your goal/priority with the requested resources? ASL Academic Lab Techs: PAT reports and Student survey; 1 CRC Faculty: PAT reports and Student survey

What evidence will you provide to reflect the impact these resources had on student learning? ASL Academic Lab Techs: Number of hours of Student Lab use and student responses to survey regarding perceptions of lab benefits; 1 CRC Faculty: Number of students served and student responses to survey regarding access to Faculty during Lab hours.

*5. Strategic Plan goal or objective addressed by this priority in <u>Strategic Plan</u> <u>2013</u> ?	Course(s) & SLO(s) addressed by this priority in <u>Curricunet</u> ? ASL Courses: 100 SLO #1; 101 SLO #1;	Program(s) and SLO(s) addressed by this priority (program is defined as a certificate, degree, or discipline) in <u>Curricunet</u> ?
Goal # 2, 4, and 5	105 SLO #1, 2; 205, SLO #1; 206, SLO #1; 208 SLO in development phase); 210 SLO in development phase); 211 SLO in development phase); 215 SLO in development phase); 216 SLO in development phase); 220 SLO in development phase); 298 SLO in development phase); 100L SLO in development phase); 101L SLO in development phase); 205L SLO in development phase); 205L SLO in development phase); 206L SLO in development phase); 206L SLO in	American Sign Language and ASL/English Interpreter Training Program (SLOs are in Development stages)

6. Reflect on the progress your discipline and/or department is making on defining, implementing, and assessing course, program, GE/Institutional level SLOs. What have been the benefits and what have been the challenges? The ASL department is making an effort to complete the SLO's for their courses. Their goal is to have all course SLO's completed with assessment plans within the next 30 days.

Individuals completing this Program Review and Planning Supplemental document:

Name(s):	Signatures:	Date:
Chris Lowry		
Debbi Brewer		
Melissa Smith		

*Numbering parallels sections in original Program Review and Planning document Program Review and Planning Supplemental 2009-2010 Form Updated with IPC input 1.28.10 Reviewed by Faculty Senate on 02/01/2010; Reviewed by SPC on 02/02/2010