This handbook accompanies the college’s Continuous Improvement Plan, whose purpose is to cultivate institutional effectiveness through implementation and assessment of purposefully designed processes of continuous improvement.
# Handbook of Continuous Improvement Processes 2013-2018

## Contents

### A. Organizational Effectiveness

- A1. Board Policies & Administrative Procedures .......................................................... 1
- A2. Organizational Structure ............................................................................................ 4
- A3. Governance System .................................................................................................. 7
- A4. Internal & External Communications ........................................................................ 10
- A5. Organizational Climate ............................................................................................. 13

### B. Effectiveness of Strategic Planning

- B1. Mission, Vision & Values Development, Review & Revision ...................................... 16
- B2. Community Research & Environmental Scanning ...................................................... 19
- B3a. Development, Review & Revision of The Strategic Plan .......................................... 22
- B3b. Long-Term Institutional Plans—Development, Review & Revision ......................... 25
- B4a. Academic Program Establishment, Revitalization & Discontinuance ......................... 28
- B4b. Non-Instructional Program Establishment, Revitalization & Discontinuance ............. 31
- B4c. Comprehensive Program Review ............................................................................. 37

### C. Effectiveness of Strategic Operations

- C1. Curricular Development, Review & Revision ............................................................. 41
- C2a. Annual Program Planning & Assessment ................................................................. 44
- C2B. Annual SLO Assessment ........................................................................................ 48
- C3. Budget Development & Resource Allocation ............................................................. 52
- C4. Enrollment Management .......................................................................................... 55
- C5. Partnership Establishment & Management ................................................................ 58
D. Processes for Employee Hiring & Job Classification ...............................61

D1a. Full-Time Hiring ...........................................................................61
D1b. Part-Time Hiring ........................................................................62
D2a. Cyclical Job Classification Review—Classified Staff ......................63
D2b. Individual Job Classification Review—Classified Staff .....................68
D2c. Job Classification Review—Other Employees ..................................72

E. Performance Evaluation Procedures ...............................................73

E1. BOT Evaluation ..............................................................................73
E2. CEO Evaluation ..............................................................................76
E3. Manager Evaluation ........................................................................79
E4. Classified Staff Evaluation .................................................................83
E5a. Probationary Faculty Evaluation .....................................................87
E5b. Tenured Faculty Evaluation .............................................................92
E5c. Adjunct Faculty Evaluation .............................................................96
A. Organizational Effectiveness

A1. Board Policies & Administrative Procedures

A. CI Process, Cycle, and Process Lead


2. CI Cycle (semester/year & frequency): BPs and APs will be reviewed in a 5 year cycle; each year a group of BPs and APs will undergo review.

3. CI Process Lead: S/P.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - Currency and effectiveness of board policies and administrative procedures.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - The Office of S/P informs those responsible for evaluating each specific BP/AP.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - All constituent groups, relevant councils, and the CPC are requested to participate in the evaluation coordinated out of the Office of S/P.
   - Each BP/AP is evaluated every 5 years.

7. What instruments, forms and/or data are utilized in the evaluation?
   - A tracking form distributed by the Office of S/P is the tool utilized to gather input for discussion by the CPC and ultimately through approval by the BOT.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - The CPC reviews content for quality and completeness.
   - Quality checks occur at the time of the evaluation.
9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - The CPC has oversight.
   - Oversight occurs at the time of the evaluation.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
    - The Office of S/P maintains the inventory of all BPs/APs.
    - The Office of S/P maintains the master list of evaluations completed.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
    - Evaluations are housed in the Office of S/P.
    - Co-chairs of the CPC place the evaluations in the Office of S/P.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
    - The CPC (after input from other governance councils and constituent groups) determines modifications needed in specific BPs/APs, and the BOT approves them.
    - Modifications are documented in each Board revised/approved BP/AP.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
    - S/P is responsible for implementing modifications.
    - Modifications are implemented following the adoption of the revised BP/AP by the BOT.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
    - The revised BP/AP is reviewed in the next evaluation cycle (5 years), unless S/P, CPC or BOT determines that an earlier review is necessary.
D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   - The CPC evaluates effectiveness of the overall CI process as needed.

16. Who decides what improvements need to be made in the process, and how are they documented?
   - The CPC decides what improvements need to be made.
   - Improvements are documented in minutes of CPC meetings.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]
   - S/P implements improvements after the CPC takes action to adopt improvements.
A2. Organizational Structure

A. CI Process, Cycle, and Process Lead

1. CI Process: Organizational Structure.

2. CI Cycle (semester/year & frequency): Every 5 years or more frequently as needed; next evaluation in 2017-18.

3. CI Process Lead: S/P.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - Effectiveness of the organizational structure.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - S/P informs those who will participate in the evaluation as needed.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - S/P with assistance from Dean of IPE conducts the evaluation.
   - Next evaluation will occur during 2017-18.

7. What instruments, forms and/or data are utilized in the evaluation?
   - Survey is the primary tool used to solicit opinion from all employees about the organizational structure.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - S/P and Dean of IPE review content for quality and completeness.
   - Quality checks occur at the time of the evaluation.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - S/P has oversight over content.
   - Oversight occurs during the evaluation.
10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
   - Office of S/P maintains the organizational charts displaying the organization of divisions, areas and offices relative to one another in the overarching organizational structure.
   - Office of Dean of IPE

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
   - Evaluations are housed in Office of Dean of IPE.
   - S/P places evaluations in Office of Dean of IPE.
   - Office of Dean of IPE maintains all evaluations.

C. **Participants, Tasks & Evidence in Making Improvements in Effectiveness**

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   - S/P decides what improvements are needed.
   - Improvements are documented through changes to the organizational structure.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   - S/P is responsible for implementing improvements.
   - Improvements are normally implemented at the beginning of the academic year following the evaluation.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   - Improvements/outcomes are measured during the next evaluation cycle in 2017-18 (new organizational structure was implemented in 2013-14).
   - S/P with assistance from Dean of IPE measures improvements/outcomes.
   - Improvements/outcomes are documented through the results of the employee survey.
   - S/P decides if improvements/outcomes were adequate.
D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   - S/P evaluates the effectiveness of the overall CI process.
   - CI process is evaluated every 5 years beginning in 2017-18.

16. Who decides what improvements need to be made in the process, and how are they documented?
   - S/P decides what improvements need to be made.
   - Dean of IPE incorporates these improvements in process revision.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]
   - S/P makes improvements to the CI process.
   - Improvements are implemented at the start of the next CI cycle.
A3. Governance System

A. CI Process, Cycle, and Process Lead

1. CI Process: Governance System.


3. CI Process Lead: S/P & Dean IPE.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - Effectiveness of the governance system.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - Dean of IPE informs chairs/co-chairs of governance councils mid-spring semester.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - The chairs/co-chairs of each governance council coordinates the evaluation (with assistance from Dean of IPE).
   - Evaluations are conducted annually before the end of the spring semester.

7. What instruments, forms and/or data are utilized in the evaluation?
   - Survey is the primary tool.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - Dean of IPE and chairs/co-chairs of governance councils review content for quality and completeness.
   - Quality checks occur at the time of each evaluation.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - Each governance council has oversight for reviewing content.
   - Oversight occurs at the time of each evaluation.
10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
   • Dean of IPE maintains the list of all governance councils and other governance bodies to be evaluated.
   • Dean of IPE tracks completion of evaluations and maintains the master list of all evaluations.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
   • Evaluations are housed in the Office of Dean of IPE.
   • Chairs/co-chairs of governance councils provide completed evaluations to Dean of IPE.
   • Office of Dean of IPE maintains the entire set of evaluations.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   • Councils determine improvements needed based on feedback received and discussed. Proposed modifications in council handbooks are considered by the specific council and the CPC.
   • Improvements and proposed modifications are documented in the evaluation report and reported in meeting minutes.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   • Chairs/co-chairs are responsible for implementing recommended improvements.
   • Office of S/P makes approved modifications to council handbooks.
   • Timeline for implementing improvements is determined by the specific governance council. Improvements are normally implemented starting in the next fiscal year.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   • Improvements/outcomes are measured as part of the next evaluation.
   • Chairs/co-chairs are responsible for coordinating the measurement of improvements/outcomes.
   • Improvements/outcomes are documented in the evaluation report and meeting minutes.
• Each governance council determines whether improvements were adequate.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   • CPC evaluates overall effectiveness of the CI process.
   • Evaluation of the CI process occurs annually as part of the evaluation of the governance system.

16. Who decides what improvements need to be made in the process, and how are they documented?
   • CPC determines what improvements are needed in the CI process.
   • Improvements are documented in the evaluation report and meeting minutes.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]
   • CPC implements improvements to the CI process.
   • Improvements are implemented in the next fiscal year.
A4. Internal & External Communications

A. CI Process, Cycle, and Process Lead

1. CI Process: Internal & External Communications.


3. CI Process Lead: S/P & Dir of Communications.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - Methods and effectiveness of communications delivered internally to staff and students and delivered externally to media and the community.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - Dean of IPE informs Dir of Communications in late spring.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - Dir of Communications conducts the evaluation each summer.

7. What instruments, forms and/or data are utilized in the evaluation?
   - Various tools, including surveys, are utilized.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - Dir of Communications and Dean of IPE jointly review content for quality and completeness at the time of the evaluation.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - S/P in consultation with Executive Cabinet.
10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
   - Dir of Communications maintains the inventory of all internal and external communication methods and tracks completion of evaluations.
   - Dean of IPE maintains the master list of evaluations.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
   - Office of Dean of IPE houses evaluations of internal and external communications.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   - S/P decides what modifications/improvements are needed in consultation with Dir of Communications.
   - Dir of Communications records modifications in a log.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   - Dir of Communications is responsible for making improvements, normally for implementation by fall.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   - Dir of Communications measures and documents improvements/outcomes as part of the annual evaluation.
   - S/P in consultation with Dir of Communications determines whether improvements were adequate as part of the annual evaluation.
D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   - S/P in consultation with Executive Cabinet evaluates the effectiveness of the CI process every 5 years or more frequently as needed.

16. Who decides what improvements need to be made in the process, and how are they documented?
   - S/P determines what improvements are needed in the CI process.
   - Dean of IPE incorporates these improvements in process revision.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]
   - S/P and Dir of Communications implement improvements every 5 years or otherwise as needed.
A5. Organizational Climate

A. CI Process, Cycle, and Process Lead

1. CI Process: Organizational Climate.

2. CI Cycle (semester/year & frequency): Periodically as needed through spring 2018.

3. CI Process Lead: S/P & Dean IPE.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   • Employee perceptions about the organization and workplace.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   • S/P informs Dean IPE and lead administrator(s) as needed.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   • Dean IPE in conjunction with lead administrator(s) as applicable.

7. What instruments, forms and/or data are utilized in the evaluation?
   • Typically surveys, though focus groups and other methods may be utilized.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   • Dean IPE and lead administrator(s) as applicable.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   • Relevant governance council and/or committee as applicable.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
    • Dean IPE maintains the list of all aspects of organizational climate to be evaluated as appropriate to the circumstance.
    • Dean IPE tracks completion of evaluations and maintains the master list.
11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
   • Dean IPE houses and maintains all organizational climate studies/surveys, including documentation of methods, results, analyses and/or recommendations.
   • All reports are public records and will be available on the college website.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   • S/P determines what improvements if any related to organizational climate are needed based on results, analyses, recommendations and other considerations.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   • S/P assigns lead administrator(s) as needed.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   • Each climate study/survey may encompass one or more topics, and therefore the lead responsibility for measuring, making and documenting improvements will vary.
D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   - S/P in consultation with Executive Cabinet will evaluate process effectiveness at least once prior to expiration of the current Strategic Plan, and otherwise as needed.

16. Who decides what improvements need to be made in the process, and how are they documented?
   - S/P determines what improvements are needed in the CI process.
   - Dean IPE incorporates these improvements in process revision.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]
   - Dean IPE will implement improvements to the process with the development of the next Strategic Plan or sooner as needed.
B. Effectiveness of Strategic Planning


A. CI Process, Cycle, and Process Lead


2. CI Cycle (semester/year & frequency): Every five years, tied to the cycle of the strategic plan; next review will occur in the 2016-17 year.

3. CI Process Lead: S/P.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - Vision, mission, and values statements.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - Dean of IPE informs the S/P to conduct the evaluation.
   - S/P will be informed at the beginning of the year preceding the final year of the strategic plan.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - S/P conducts evaluation with assistance from the Office of the Dean of IPE.

7. What instruments, forms and/or data are utilized in the evaluation?
   - Survey opinions of college employees about effectiveness of vision, mission, and values statements.
   - Solicit recommendations for changing vision, mission, and values statements.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - S/P reviews content for quality and completeness.
   - Quality checks occur during evaluation process.
9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - S/P has oversight in reviewing content.
   - Oversight occurs during the evaluation process.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
   - Office of S/P maintains the most recently revised vision, mission, and values statements.
   - Office of Dean of IPE tracks completion of evaluations and maintains the master list.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
   - Evaluations are housed in the Office of Dean of IPE.
   - S/P places evaluations in the Office of Dean of IPE.
   - Evaluation reports are public documents and can be accessed internally through a simple request. Requests from the public must follow procedures for requesting public records.
   - Office of Dean of IPE maintains the entire set of completed evaluations.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   - CPC recommends to S/P what revisions are needed. S/P recommends any changes to the Board of Trustees for approval.
   - Revisions in vision, mission, and values statements are documented in BP 1200.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   - S/P is responsible for making approved revisions in vision, mission, and values statements.
   - Revisions are implemented immediately following the approval of BP 1200 by the Board of Trustees.
14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   • Outcomes are measured during the next evaluation in 2016-17.
   • Office of Dean of IPE facilitates assessment.
   • Outcomes are documented through survey results and ultimately through the approval of new and/or revised vision, mission, and values statements by the Board of Trustees.
   • CPC determines adequacy of outcomes and makes recommendations to S/P.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   • CPC evaluates effectiveness of the overall CI process.
   • CI process is evaluated prior to the next review.

16. Who decides what improvements need to be made in the process, and how are they documented?
   • S/P determines improvements based on recommendations from the CPC.
   • Dean of IPE incorporates these improvements in process revision.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]
   • S/P makes improvements to the process.
   • Improvements are implemented with the next review of mission, vision, and values statements.
B2. Community Research & Environmental Scanning

A. CI Process, Cycle, and Process Lead

1. CI Process: Community Research & Environmental Scanning.

2. CI Cycle (semester/year & frequency): Every 5 years in advance of and during development of the next strategic plan.

3. CI Process Lead: Dean IPE.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - Community and district needs, in addition to demographics and related trends.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - S/P informs Dean IPE of need to conduct research, scanning and other assessment activities so that important needs and key trends can be identified prior and parallel to development of the next strategic plan.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - Dean IPE begins the assessment in 2016-17 prior to development of the next strategic plan.

7. What instruments, forms and/or data are utilized in the evaluation?
   - Surveys, secondary research and other appropriate methods will be utilized.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - S/P, Dean IPE, and CPC.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - S/P, Dean IPE, and CPC.
10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
   - Dean IPE will maintain the list of all aspects of the community and environmental trends to review.
   - Dean IPE will track completion of reviews/assessments and maintain the master list of evaluations.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
   - Dean IPE will house and maintain all evaluations completed.
   - All reports are public records and will be available on the college website.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   - S/P determines what improvements are required in community research and environmental scanning activities.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   - Dean IPE is responsible for making improvements.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   - Dean IPE makes periodic improvements in environmental scanning activities subsequent to the evaluation of these activities.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   - The CPC will evaluate the overall community research and environmental scanning process prior to development of the next strategic plan.
16. Who decides what improvements need to be made in the process, and how are they documented?
   - The CPC will make recommendations to S/P for improving the community research and environmental scanning process.
   - Dean IPE incorporates these improvements in process revision.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]
   - Dean IPE and S/P implement improvements to the community research and environmental scanning process with the development of the next strategic plan.
B3a. Development, Review & Revision of The Strategic Plan

A. CI Process, Cycle, and Process Lead


2. CI Cycle (semester/year & frequency): Progress toward goals stated in the plan will be assessed in the summer following each fiscal year. The Strategic Plan itself will be evaluated in 2017-18, which is the final year of the plan.

3. CI Process Lead: S/P & Dean IPE.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   • Goals, outcomes, and key performance indicators (KPIs) in the Strategic Plan.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   • Dean of IPE informs lead administrators annually in mid-spring.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   • Dean of IPE coordinates annual assessment process and integration of results.
   • Lead administrators report on KPIs and progress on goals and outcomes.
   • S/P leads annual review of strategic plan results.

7. What instruments, forms and/or data are utilized in the evaluation?
   • A progress report template for goals and outcomes and a scorecard for all KPIs are utilized.
   • The Strategic Plan itself will be evaluated in its final year.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   • S/P and Dean of IPE.
   • Quality checks occur during annual scorecard completion.
9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - S/P, Dean of IPE, and CPC review content at different stages of assessment and reporting.
   - Oversight occurs during and following annual scorecard and report completion.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
   - Dean of IPE maintains the most recently revised goals, outcomes and KPIs.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
   - Office of Dean of IPE will house and maintain all completed assessments.
   - All reports are public records and will be available on the college website.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   - Baseline measures will be developed for all KPIs in the strategic plan. Target outcomes will be established for each KPI, compared against actual results annually or otherwise as specified, and specific strategies and action plans will be developed and implemented to make improvements.
   - Outcomes will be documented in the strategic plan scorecard.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   - Lead administrators have been assigned to each goal of the strategic plan and are responsible for developing strategies and action plans that target improvements for particular outcomes.
   - Other college personnel will also be involved in making improvements.
14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   - Most KPIs will be measured annually.
   - Office of Dean of IPE coordinates measurements as reported by lead administrators.
   - The lead administrator responsible for the particular outcomes/KPIs will determine the adequacy of the measures in consultation with the Dean of IPE.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   - The CPC will evaluate the strategic planning process.
   - The overall effectiveness of the strategic planning process will be evaluated in the final year of the strategic plan.

16. Who decides what improvements need to be made in the process, and how are they documented?
   - S/P will determine improvements based on recommendations from the CPC.
   - Dean of IPE incorporates these improvements in process revision.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]
   - Dean of IPE and S/P implement improvements to the strategic planning process.
   - Improvements are implemented with development of the next strategic plan.
B3b. Long-Term Institutional Plans—Development, Review & Revision

A. CI Process, Cycle, and Process Lead


3. CI Process Lead: S/P & Dean IPE for generic process; Lead Administrator for process specific to each plan.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - Implementation of each long term institutional plan, including an assessment of the plan over the previous year and progress made toward longer term goals.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - Dean IPE informs lead administrators in late spring.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - The lead administrator conducts the assessment annually in July/August, after the end of the fiscal year’s activities and outcomes under review.

7. What instruments, forms and/or data are utilized in the evaluation?
   - The specific instruments, forms and/or data utilized may differ according to the specific plan. The lead administrator assesses the extent to which activities planned for were completed, outcomes desired were generated, and the overall long term plan is on track toward successful completion.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - The Dean IPE annually reviews the content of all assessments of long term institutional plans in July/August, ensuring alignment with annual assessment of the college’s Strategic Plan.
9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - The corresponding governance council, and subsequently the College Planning Council, reviews assessment of the plan in September/October.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
   - The Dean IPE maintains the list of long term institutional plans to be assessed annually, and the master list of plans assessed each year.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
   - The Dean IPE houses and maintains all evaluations of long term institutional plans.
   - All reports and public records and will be available on the college web site.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   - S/P in consultation with the lead administrator and Executive Cabinet determines what improvements/outcomes are needed in the long term plan. Desired outcomes for each fiscal year are documented for any and all impacted programs/services/offices through the annual integrated program planning and assessment process that occurs each spring.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   - The lead administrator is responsible for making revisions in and updates to the long term plan in July/August.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   - The lead administrator annually reviews the most recently revised plan at the time of the following year’s assessment. S/P in consultation with the lead administrator and Executive Cabinet determine whether the revisions were adequate.
D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   - The CPC will evaluate the strategic planning process, which will encompass an evaluation of the planning process for all long term institutional plans.
   - The overall effectiveness of the strategic planning process will be evaluated in the final year of the strategic plan.

16. Who decides what improvements need to be made in the process, and how are they documented?
   - S/P will determine improvements to the strategic planning process based on recommendations from the CPC.
   - Dean of IPE incorporates these improvements in process revision.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]
   - Dean of IPE implements generic improvements to long term institutional planning, and lead administrators implement improvements to the planning process for each specific long term institutional plan.
   - Improvements are implemented with the development of the next long term institutional plan(s).
**B4a. Academic Program Establishment, Revitalization & Discontinuance**

**A. CI Process, Cycle, and Process Lead**

1. CI Process: Establishment, Revitalization & Discontinuance of Academic Programs.

2. CI Cycle (semester/year & frequency): This process is undertaken as needed on an ongoing basis by the Academic Affairs Council and Academic Senate.

3. CI Process Lead: VPAA & President Academic Senate.

**B. Participants, Task & Evidence in Evaluation/Review Process**

4. Who or what is evaluated?

   - An academic program’s viability and vitality, as defined and triggered by AP 4021. A program is *viable* if it demonstrates itself to be capable of functioning adequately in terms of serving sufficient numbers of students effectively, and *vital* if it shows the capacity to continue serving students at the same or increased levels of production, effectiveness, and relevance as compared to standards set by the institution.

5. Who informs those responsible for conducting the evaluation, and when are they informed?

   - VPAA and President Academic Senate, after the Academic Affairs Council and Academic Senate approve the Program Proposal Request and Narrative Form, or the Request to Initiate Program Revitalization, Suspension, or Discontinuance, per AP 4021.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?

   - Program Evaluation Committee (PEC) per AP 4021, as needed.

7. What instruments, forms and/or data are utilized in the evaluation?

   - Data elements and reporting are delineated in AP 4021, the Program Proposal Request and Narrative Form, and the Request to Initiate Program Revitalization, Suspension, or Discontinuance.
8. Who reviews content for quality completeness? When and how frequently do quality checks occur?
   - Academic Affairs Council and Academic Senate review content as needed.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - College Planning Council (CPC) and Superintendent/President (S/P), as needed.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
    - VPAA/Office of Academic Affairs maintains all evaluation documents.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
    - VPAA/Office of Academic Affairs maintains all evaluation documents.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
    - PEC recommends what improvements are needed, as included in its report and approved, or as otherwise determined thereafter through the participatory governance process.
    - Planned outcomes are documented in the PEC report and otherwise thereafter in meeting minutes of relevant governance bodies.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
    - Program faculty and their dean or director according to the timeline established in the PEC report or as otherwise determined thereafter through the participatory governance process.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
    - Improvements are measured as determined by PEC plan and otherwise by program faculty and their dean or director.
D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?

- Academic Affairs Council and Academic Senate evaluate process effectiveness every 5 years or otherwise more frequently as needed.

16. Who decides what improvements need to be made in the process, and how are they documented?

- Academic Affairs Council and Academic Senate determine what improvements are needed. These modifications are documented in meeting minutes.
- Office of Dean IPE makes the necessary changes in the CI process template.
- Improvements that also require revisions to AP 4021 must be directed through the BP/AP approval and revision process undertaken by the Office of S/P, which moves through relevant participatory governance bodies, the CPC, and ultimately the Board of Trustees.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]

- VPAA, President Academic Senate, and Dean IPE or their designees at the start of the next CI cycle or otherwise as needed.
B4b. Non-Instructional Program Establishment, Revitalization & Discontinuance

A. CI Process, Cycle, and Process Lead

1. CI Process: Establishment, Revitalization & Discontinuance of Non-Instructional Programs.

2. CI Cycle (semester/year & frequency): This process is undertaken as needed on an ongoing basis by the relevant governance council and the College Planning Council (CPC), as overseen by the Office of the Superintendent/President (S/P).

3. CI Process Lead: S/P & Dean IPE for generic process; VP/division head for process specific to each particular division that may expand on, but not substantively modify, the generic process. S/P may decide to establish, revitalize, curtail, suspend, reorganize or discontinue a non-instructional program or service for educational, strategic, realignment, resource allocation, budget constraints, or combinations of educational, strategic, and/or financial exigency reasons.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   • A service or non-instructional program’s viability and vitality. A service is viable if it demonstrates itself to be capable of functioning adequately in terms of serving sufficient numbers of students and/or other relevant customers/stakeholders effectively, and vital if it shows the capacity to continue serving students and/or other relevant customers/stakeholders at the same or increased levels of production, effectiveness, and relevance as compared to standards set by the institution.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   • Any college employee may submit a completed Non-Instructional Program Proposal Request and Narrative Form, or Request to Initiate Non-Instructional Program Revitalization, Suspension, or Discontinuance, to her/his supervisor, which will in turn be forwarded to Office of S/P on timely basis.
   • S/P will consult with Executive Cabinet in reviewing the completed form and attachment, in considering the content of recent non-instructional program review reports as applicable, and in determining whether the process will continue.
6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - Non-Instructional Program Evaluation Committee (NIPEC), convened by the relevant VP and governance council, and otherwise with membership representing appropriate constituencies. NIPEC reports to the relevant governance council.
   - NIPEC meets when needed for the specific non-instructional program under consideration or evaluation. NIPEC will follow best practices for meeting facilitation, including establishing an authority for voting and decision-making procedures; take minutes and record decisions at meetings; and publish minutes that reflect such outcomes. NIPEC members are obliged to maintain objectivity and integrity during the entire process.
   - NIPEC will produce a written recommendation report, issued to the VP/chair of the relevant governance council, which specifies the outcomes of the committee’s decisions and makes specific recommendations for action.

7. What instruments, forms and/or data are utilized in the evaluation?
   - NIPEC will follow any and all directions provided by S/P and/or VP/governance council chair; conduct a thorough review of the submitted Non-Instructional Program Proposal Request and Narrative Form, or the Request to Initiate Non-Instructional Program Revitalization, Suspension, or Discontinuance; and consider the content of recent non-instructional program review reports as applicable.
   - NIPEC will review, request, assess, and otherwise consider, but not necessarily limit its analysis to, the factors, indicators, and/or data elements delineated in the Non-Instructional Program Proposal Request and Narrative Form, or the Request to Initiate Non-Instructional Program Revitalization, Suspension, or Discontinuance.
   - NIPEC will consult with college resource personnel and other appropriate referral sources.
   - Evaluation and discussion must include qualitative and quantitative components toward ensuring a fair and complete review that leads to an informed recommendation about the program.
   - For potential establishment of a new non-instructional program, NIPEC’s report must include: a recommendation to proceed with or discontinue steps to establish the new non-instructional program; a summary of the process followed by NIPEC; a summary of the reasons for the recommendation’s impact on the college budget and consideration of the impact on students, faculty and staff.
For continuance, revitalization, suspension, or discontinuance of an existing non-instructional program, NIPEC’s report must include: a recommendation to continue, revitalize, suspend, or discontinuance program; a summary of the process followed by NIPEC; a summary of the reasons for the recommendation; and an assessment of the recommendation’s impact on the college budget and consideration of the impact on students, faculty and staff. Some possible recommendations include:

A. **Program continuance**: the program may be recommended to continue without any qualifications or modifications.

B. **Program revitalization or suspension**: the program may be recommended to continue with qualifications. These may include specific interventions designed to improve the viability and vitality of the program. Specific goals and a schedule set for review of the progress toward these goals may be developed jointly with administrators, staff and/or faculty as appropriate. Examples may include:
   - A plan of action to enhance the performance and effectiveness of the existing program, along with a proposed timeline and impact statement.
   - A recommendation to restructure the existing program for greater effectiveness, including expanding or diminishing the program, along with a proposed timeline and impact statement.
   - A recommendation to develop a new program from the existing program, along with a proposed timeline and impact statement.
   - A recommendation to suspend the program temporarily for justifiable reason, along with a proposed timeline and impact statement.

C. **Program discontinuance**: A recommendation to discontinue a program will occur when, after a full evaluation study, it is concluded that it is no longer in the best interest of the College, its students, and the larger community for the program to continue. With few exceptions, a recommendation for discontinuance will not be made without first recommending actions to revitalize the program. In most cases, a recommendation to discontinue would only follow failed attempts at modifying or strengthening the program, or compelling evidence to indicate that this is not the best use of College resources. Any recommendation for program discontinuance must include the criteria
used to arrive at the recommendation. NIPEC’s recommendation report for program discontinuance will include:

A comprehensive cost-benefit analysis that includes impact to existing faculty and programs including resources, space/facilities, and the program’s position within the College.

An impact report explaining how phasing out the program for discontinuance with the least impact on students, faculty, staff and the community.

Recommendations for how current students/customers/stakeholders may continue to meet their objectives and needs through alternative means.

The requirements of collective bargaining for faculty and staff, including policies for reduction in workforce and opportunities for retaining of faculty and staff.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   • The relevant governance council reviews NIPEC’s report, comments and takes action to approve (or not) as recommendation to CPC. If the council’s recommendation differs from NIPEC’s recommendation, meeting minutes will reflect these differences and reasons for such.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   • CPC reviews NIPEC’s report, considers the relevant governance council’s recommendation, comments and takes action to approve (or not) as recommendation to S/P. If CPC’s recommendation differs from the council’s recommendation and/or from NIPEC’s recommendations, meeting minutes will reflect these differences and reasons for such.
   • S/P reviews NIPEC’s report, considers the relevant governance council’s and CPC’s recommendations, makes a decision, and communicates that decision promptly in writing and reasons if the decision differs from CPC’s recommendation.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
• Office of S/P maintains the current list of proposed and existing non-instructional programs to be evaluated for establishment, revitalization, or discontinuance, tracks completion of evaluations, and maintains the list of evaluations completed and those yet to be completed.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
• Office of S/P maintains all evaluation documents.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
• NIPEC recommends what improvements are needed, as included in its report and approved, or as otherwise determined thereafter through the participatory governance process.
• Planned outcomes are documented in the NIPEC report and otherwise thereafter in meeting minutes of relevant governance bodies.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
• Non-instructional program staff and their dean or director according to the timeline established in the NIPEC report or as otherwise determined thereafter through the participatory governance process.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they are adequate leading into the next evaluation period?
• Improvements are measured as determined by NIPEC plan and otherwise by program staff and their dean or director.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
• CPC evaluates process effectiveness every 5 years or otherwise more frequently as needed.

16. Who decides what improvements need to be made in the process, and how are they documented?
• CPC determines what improvements are needed. These modifications are documented in meeting minutes.
• Office of Dean IPE makes the necessary changes in the CI process template.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]
• S/P and Dean IPE or their designees at the start of the next CI cycle or otherwise as needed.
B4c. Comprehensive Program Review

A. CI Process, Cycle, and Process Lead

1. CI Process: Comprehensive Program Review.

2. CI Cycle (semester/year & frequency): At least once every 5 years in spring semester. Career technical education programs undergo comprehensive review every two years.

3. CI Process Lead: Dean IPE.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   • Programs, services, offices, and campuses.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   • Dean IPE informs administrators, faculty and staff in December of the preceding semester.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   • Relevant faculty, staff, administrators conduct the review once every 5 years in February and March.

7. What instruments, forms and/or data are utilized in the evaluation?
   • Comprehensive review of academic programs. Student learning and achievement outcomes data are analyzed.
   • Comprehensive review of services, offices and non-instructional programs. Service area outcomes data are analyzed.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   • From February through April, the supervising administrator reviews content after the comprehensive review is completed, and each time a draft is required.
9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - Divisional VPs provide oversight as needed from February through April to ensure work is complete and at threshold level quality.
   - IPE staff check overall consistency, quality and completeness across comprehensive reviews as possible during the spring semester.
   - The corresponding governance council in early fall, and subsequently the CPC later in the fall, review the comprehensive program reviews, or summaries thereof, and make budgetary recommendations as needed.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
   - Divisional VPs track completion for comprehensive reviews within their purview.
   - Dean IPE maintains the list of all programs/services/offices to be reviewed comprehensively in each particular year within the overall cycle, and the master list of comprehensive reviews completed each year.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
   - Divisional VPs, and Area Deans in Academic Affairs, place completed comprehensive reviews in appropriate folders in the Google drive in May. eLumen is expected to be utilized starting in spring 2015.
   - Dean IPE maintains the completed comprehensive reviews in the Google drive. eLumen is expected to be utilized starting in spring 2015.
   - Dean IPE provides a publicly accessible list of completed comprehensive reviews annually on the IPE website.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   - Relevant faculty and their dean for academic programs.
   - Relevant staff and their supervising administrator for services and non-instructional programs.
   - Supervising administrators for offices.
   - Planned outcomes are documented in comprehensive reviews.
13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   - Relevant faculty and their dean for academic programs.
   - Relevant staff and their supervising administrator for services, offices and non-instructional programs.
   - Improvements are typically planned and implemented over multiple consecutive years. Some improvements may be made immediately, whereas others that rely on resource allocation and modifications requiring staged, long term implementation may not be implemented for two, three or more years.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   - Improvements/outcomes across all SLOs are measured by relevant faculty for academic programs over multiple evaluation periods. Faculty report accumulated SLO and achievement data at the next scheduled comprehensive review, and determine whether outcomes are adequate.
   - Improvements/outcomes across all SAOs are measured by the supervising administrator and staff for services, offices and non-instructional programs over multiple evaluation periods. Administrators report accumulated SAO data at the next scheduled comprehensive review, and determine whether outcomes are adequate.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   - IPE staff evaluate the effectiveness of the comprehensive review process annually in the fall semester, with input from persons who participated in the most recent process.

16. Who decides what improvements need to be made in the process, and how are they documented?
   - Dean IPE decides which specific improvements to make in consultation with the CPC, Academic Senate, and/or other appropriate governance bodies and administrators.
   - Appropriate modifications reflecting improvements are made in time lines, charts, forms and/or other documents.
   - Dean IPE incorporates improvements in process revision as needed.
17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]

- IPE staff make improvements, which are implemented in December prior to the next (spring) semester’s comprehensive review process.
C. Effectiveness of Strategic Operations

C1. Curricular Development, Review & Revision

A. CI Process, Cycle, and Process Lead


2. CI Cycle (semester/year & frequency): Individual courses and program curricula are developed, reviewed and revised by relevant program faculty and approved by the Curriculum Committee on regular basis in accordance with State regulations and code and otherwise as needed. The process of evaluating the development, review, and revision of curricula is undertaken by the Curriculum Committee, a standing committee of the Academic Senate, each year – spring 2014, spring 2015, spring 2016, spring 2017 and spring 2018.

3. CI Process Lead: VPAA & Chair Curriculum Committee.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - Numbers of new and revised courses and programs compared with previous years, and implementation of new policies and procedures concerning the development, review and revision of curricula.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - Curriculum Committee Chair administers the committee’s self-evaluation survey during the spring semester (usually May). Data related to outcomes and products of committee actions (courses and programs reviewed and approved) are summarized, presented to the committee and Academic Senate, and documented in committee meeting minutes and agendas of Board of Trustees meetings.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - Curriculum Committee Chair presents the survey tool to the membership yearly in May, and requests completion by each committee member by the last regularly scheduled meeting of the academic year.

7. What instruments, forms/or data are utilized in the evaluation?
   - A self-report survey based upon the responsibilities of the Curriculum Committee. The survey uses a Likert scale (1= needs improvement; 5 = exceeds
standard) to assess the extent to which the committee meets the listed responsibility or outcome.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - Curriculum Committee Chair reviews the survey yearly for quality, completeness, and member participation at the time of each evaluation.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - Survey results and year-end summary totals may be reviewed annually by Curriculum Committee members, the Academic Senate and the Academic Affairs Council.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
    - Office of Academic Affairs maintains information and data concerning number of new and revised courses and programs.
    - Curriculum Committee Chair tracks completion of evaluations. Results are posted to the Curriculum Committee webpage.

11. When and where are the evaluation housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
    - Curriculum Committee Chair maintains evaluations documents and year-end summaries.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
    - Relevant program faculty determine what specific improvements are needed in courses, curricula and programs, as approved by the Curriculum Committee.
    - Decisions that affect Curriculum Committee processes are often determined by committee actions (voting process) and/or actions of the Academic Senate. The Office of Academic Affairs, and through the shared governance process, the Academic Affairs Council, collaborates with the committee in suggesting and supporting improvements to committee functions. The committee is supported with technology to manage courses and programs (CurricUNET). The Office of Academic Affairs also supplies administrative assistance to further support the curriculum development and review processes, including submitting courses and programs to the Chancellor’s Office and the Accrediting Commission for Community and Junior Colleges (ACCJC) when required.
    - Committee outcomes are documented in meeting minutes and in the items sent to the Board of Trustees for ratification. In addition, improvements suggested by results of yearly committee self-evaluation may be documented in an annual evaluation report.
13. Who is responsible for making improvements, and when (which specific month/years) are implemented?
   - Relevant program faculty make improvements in courses and programs.
   - Improvements in processes may be considered by the Curriculum Committee at any time during the academic year.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   - Outcomes/products of Curriculum Committee activities and process improvements are considered at the end of each academic year (as described above). Committee outcomes are recorded in meeting minutes that are posted to the Curriculum Committee webpage.
   - Curriculum Committee Chair collaborates with the Office of Academic Affairs and Academic Senate on a regular basis to consider changes in academic regulations that may impact committee processes and necessitate changes in procedures. These changes may also be considered at year end, and are reflected in committee meeting minutes and self-evaluation summary reports.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   - Curriculum Committee and Academic Senate evaluate the effectiveness of the overall CI process every 5 years or otherwise as needed.

16. Who decides what improvements need to be made in the process, and how are they documented?
   - Curriculum Committee, Academic Senate, and Academic Affairs Council Determine changes to the process. These changes are documented in relevant meeting minutes.
   - Office of Dean IPE makes the necessary changes to the CI process template.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]
   - Curriculum Committee implements improvements to the process. Changes are implemented at the start of the CI cycle.
C2a. Annual Program Planning & Assessment

A. CI Process, Cycle, and Process Lead

1. CI Process: Annual Program Planning & Assessment.


3. CI Process Lead: Dean IPE.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - Programs, services, offices, campuses.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - Dean IPE informs administrators, faculty and staff in December of the preceding semester.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - Relevant faculty, staff, administrators conduct the review annually in February and March.

7. What instruments, forms and/or data are utilized in the evaluation?
   - Annual review of and action plan for academic programs. Student learning and achievement outcomes data are analyzed.
   - Annual review of and action plan for services, offices and non-instructional programs. Service area outcomes data are analyzed.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - From February through April, the supervising administrator reviews content after the annual review and action plan is completed, and each time a draft is required.
9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - Divisional VPs provide oversight as needed from February through April to ensure work is complete and at threshold level quality.
   - IPE staff check overall consistency, quality and completeness across annual reviews and action plans as possible during the spring semester.
   - The corresponding governance council in early fall, and subsequently the CPC later in the fall, review the annual reviews and action plans, or summaries thereof, and make budgetary recommendations as needed.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
   - Divisional VPs track completion for annual reviews and action plans within their purview.
   - Dean IPE maintains the list of programs/services/offices to be reviewed annually and the master list of reviews completed each year.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
   - Divisional VPs, and Area Deans in Academic Affairs, place completed annual reviews and action plans in appropriate folders in the Google drive in May. eLumen is expected to be utilized starting in spring 2015.
   - Dean IPE maintains the completed annual reviews and action plans in the Google drive. eLumen is expected to be utilized starting in spring 2015.
   - Dean IPE provides a publicly accessible list of completed reviews annually on the IPE website.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   - Relevant faculty and their dean for academic programs.
   - Relevant staff and their supervising administrator for services and non-instructional programs.
   - Supervising administrators for offices.
   - Planned outcomes are documented in annual reviews and action plans.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   - Relevant faculty and their dean for academic programs.
• Relevant staff and their supervising administrator for services, offices and non-instructional programs.
• Improvements are typically implemented starting in the subsequent fall semester for academic programs, and in the summer or fall semester for non-instructional programs, services and offices. Some improvements may be made immediately, whereas others that rely on resource allocation may not be implemented until resources are available. For example, certain improvements in academic programs may not be implemented until three semesters after the initial request is made.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
• Improvements/outcomes are measured by relevant faculty for academic programs at least once, but perhaps several times for certain SLOs, prior to the next evaluation period. Faculty report SLO data on the next annual review and action plan, and determine whether outcomes are adequate.
• Improvements/outcomes are measured by supervising administrator and staff for services, offices and non-instructional programs at least once, but perhaps several times for certain SAOs, prior to the next evaluation period. Administrators report SAO data on the next annual review and action plan, and determine whether outcomes are adequate.

D. **Participants, Tasks & Evidence in Making Improvements in Process Effectiveness**

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
• IPE staff evaluate the effectiveness of the annual program planning and assessment process annually in the fall semester, with input from persons who participated in the most recent process.

16. Who decides what improvements need to be made in the process, and how are they documented?
• Dean IPE decides which specific improvements to make in consultation with the CPC, Academic Senate, and/or other appropriate governance bodies and administrators.
• Appropriate modifications reflecting improvements are made in timelines, charts, forms and/or other documents.
• Dean IPE incorporates improvements in process revision as needed.
17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]

- IPE staff make improvements, which are implemented in December prior to the next (spring) semester’s annual program planning and assessment process.
C2B. Annual SLO Assessment

A. CI Process, Cycle, and Process Lead

1. CI Process: Annual SLO Assessment.


3. CI Process Lead: Dean AA/LSR.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - Course-level, program-level, institutional-level (core competencies), and service area outcomes are evaluated.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - Discipline faculty are responsible for assessing course- and program-level outcomes as well as core competencies. Faculty have created five-year assessment calendars so that courses are being assessed on a continuous basis. The Dean AA/LSR and area deans remind faculty of the need to do assessments regularly. Deans are responsible for ensuring that faculty complete the assessment process.
   - As requested by the Dean AA/LSR, all non-instructional areas complete Service Area Outcomes Assessment Plan and Summary Form, which identifies area outcomes, indicates criteria, tool/s for assessment and procedures, reflects assessment results, and outlines refinements or modifications. Assessments will be completed regularly as determined by how successfully criteria/expectations were met. Area administrators are responsible for ensuring that assessment activities are completed.
6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - Evaluations are conducted by discipline faculty (course- and program level assessments and core competencies).
   - Service area outcome assessments are conducted by staff in service areas. Course- and program-level assessments are conducted on a five-year cycle, as developed by discipline faculty.
   - The next core competency assessment is scheduled for Spring 2014 (supplemental questions on the CCSSE) and in June 2014 (survey of Spring 2014 graduates). The Outcomes and Assessment Committee is developing a schedule of core competency assessments to be conducted after Spring 2014.

7. What instruments, forms and/or data are utilized in the evaluation?
   - Faculty complete the Course Level Assessment Summary form for each course assessed. Faculty meet and discuss data from individual sections of a course and to aggregate the data. Course-level outcomes have been mapped to program-level outcomes, and the applicable data from the course-level assessments is used to assess program-level outcomes and documented on Program-Level Assessment Summary forms. Course Level Assessment Summary forms identify the outcome as well as assessment tools/methods and criteria/expectations as well as modifications based on assessment data.
   - Service area outcomes are documented on Hartnell College Service Area Outcomes Assessment Plan and Summary Form. This form includes the intended outcome, the assessment tool, criteria for assessment, assessment procedure, semester of assessment, assessment results, and refinements/modifications.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - Discipline faculty and area deans review the Course Level Assessment Summary forms and Program-Level Assessment Summary forms. Service area managers review outcomes and assessment data that is recorded on the Hartnell College Service Area Outcomes Assessment Plan and Summary Form. Beginning in Spring 2014, these forms are reviewed on a semester basis.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - The Dean AA/LSR, the Outcomes & Assessment Coordinator, and the Outcomes & Assessment Committee review forms and conduct training.
10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?

- The Dean AA/LSR maintains the records of which courses and programs have been and need to be assessed. Faculty and area deans also track this information.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?

- Currently, assessments are housed on an internal shared drive. Faculty and deans have access to their area folders and specific disciplines in the Student Learning Outcomes folder.
- The Hartnell College Service Area Outcomes Assessment Plan and Summary Form are also stored on the R drive in the Service Area Outcomes folder, categorized by service area.
- The College has purchased the assessment software, eLumen, with full implementation scheduled for Fall 2014.

C. **Participants, Tasks & Evidence in Making Improvements in Effectiveness**

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?

- Discipline faculty discuss and develop outcomes for courses and programs. Once assessment is analyzed, the disciplines’ Program Planning and Assessment (PPA) documents reflect the modifications faculty deem necessary to facilitate improvement. Budget requests are forwarded to the appropriate college councils. Service areas also complete PPA documents where resource requests are documented to improve services.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?

- While faculty and staff determine modifications to improve student success, implementation of outcomes may be dependent upon the college’s resources and allocation process.
14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?

- All deans and directors participate in the assessment process. Faculty have developed a five-year assessment calendar to ensure that all active courses are assessed. Service areas are expected to assess at least one satisfaction outcome and one process outcome per semester. Outcomes where assessment data show that expectations have not been met are reassessed more frequently to “close the loop” and to determine if modifications have resulted in improvement. All faculty, staff, and administrators are involved in the assessment process.
- Once eLumen is implemented, assessment data will be more easily available to all college staff.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?

- The Outcomes & Assessment Committee and area deans with input from faculty and staff will evaluate the effectiveness of the overall CI process.

16. Who decides what improvements need to be made in the process, and how are they documented?

- The Outcomes & Assessment Committee and area deans with input from faculty and staff will determine necessary improvements, which will be documented in minutes of the Outcomes & Assessment Committee.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]

- The Outcomes & Assessment Committee and area deans will review and make improvements to the assessment process.
C3. Budget Development & Resource Allocation

A. CI Process, Cycle, and Process Lead


3. CI Process Lead: CBO (Chief Business Officer) & Controller.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   • Prior fiscal year and current mid-year budgets, and overall budget development and resource allocation process.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   • CBO and Controller inform administrators in September regarding evaluation of prior fiscal year budget, and VPs in December regarding review of current mid-year budget.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   • CBO and Controller conduct annual college wide review in October for prior fiscal year’s resource allocations and overall budget development process.
   • VPs submit review of their current annual division budget during the mid-year review process that occurs in January/February of each year.

7. What instruments, forms and/or data are utilized in the evaluation?
   • Approved budget comparison to actual expenses.
   • Financial statements.
   • Quarterly financial reports to the Chancellor’s Office.
   • Mid-year budget review documentation to include checklist and budget projections for the remainder of the year.
8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - Monthly review of financial statements by CBO and Controller.
   - Quarterly financial reports reviewed by District Audit Committee.
   - CBO and Controller review submittal of mid-year budget review documentation in January/February of each year.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - VPs provide oversight as needed during the tentative budget rollover process from February to May.
   - CBO and Controller review overall consistency, quality and completeness as budget and resource allocation requests are received in the Business Office on an ongoing basis.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
    - CBO and Controller maintain the budgets to be evaluated, track submittal of completed evaluations, and maintain the master list of evaluations completed.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
    - All budget review documents are kept in Business Office electronic folders.
    - Business Office personnel have access to budget document/review folders.
    - CBO and Controller maintain completed evaluations.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
    - CBO, Controller, College Administrative Services Council (ASC) and/or College Planning Council (CPC) depending on the type of improvement.
    - Improvements are documented on budget review documentation, program review reports for the Administrative Services Division, and/or in ASC and CPC meeting minutes.
13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   • Administrators are responsible for making adjustments to their budgets as may be required.
   • Controller will provide training sessions during the mid-year review process as needed.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   • Improvements/outcomes are measured by CBO and Controller at least once prior to the next evaluation period.
   • CBO and Controller report service area outcomes on the next annual review and action plan, and determine whether outcomes are adequate.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   • CBO and Controller evaluate effectiveness of the college wide process annually during the Fall with input from departments which participated in the most recent process.

16. Who decides what improvements need to be made in the process, and how are they documented?
   • CBO and Controller decide which specific improvements to make with input from ASC and CPC.
   • Appropriate modifications reflecting improvements are made in timelines, forms and/or other documents.
   • Dean of Institutional Planning & Effectiveness (IPE) incorporates improvements in process revision as required.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]
   • CBO and Controller make improvements which are implemented in December prior to the start of the next budget development process.
C4. Enrollment Management

A. CI Process, Cycle, and Process Lead

1. CI Process: Enrollment Management.

2. CI Cycle (semester/year & frequency): Each year—fall 2014, fall 2015, fall 2016, and fall 2017 for evaluation of prior year’s and prior three years’ enrollment trends and data.

3. CI Process Lead: VPAA, VPSA & VPAS.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - Annual and three-year enrollment trends and data, including by semester and summer, against strategic plan priorities and goals, and enrollment priorities and goals.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - VPAA informs VPSA, VPAS and other members of Enrollment Management Team (EMT).

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - EMT conducts evaluation annually and periodically as needed.

7. What instruments, forms and/or data are utilized in the evaluation?
   - Full time equivalent student (FTES) targets, CCSF-320 (Apportionment Attendance Report), student education plans, District demographics, enrollment by campus and site/day and time/teaching modality/program, and other relevant information, data and statistics.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - EMT at the time of the evaluation.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - CPC reviews the evaluation annually in the fall.
10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
   - VPAA Office maintains enrollment database elements that form the basis for evaluation.
   - VPAA Office tracks completion of analyses required to perform the evaluation.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
   - VPAA Office maintains all completed evaluations and analyses.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   - S/P, in consultation with VPAA, VPSA and VPAS, determines which improvements are needed.
   - VPAA Office documents all planned improvements.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   - VPAA is responsible for making improvements with assistance of VPSA, VPAS, and other members of EMT as required.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   - VPAA Office measures and documents improvements annually.
   - S/P, in consultation with VPAA, VPSA and VPAS, determines whether improvements were adequate.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   - VPAA, VPSA and VPAS evaluate the effectiveness of the CI process every 5 years or more frequently as needed.
16. **Who decides what improvements need to be made in the process, and how are they documented?**
   - VPAA, VPSA and VPAS decide what improvements are needed in the CI process.
   - Dean of IPE incorporates these improvements in process revision.

17. **Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]**
   - VPAA implements improvements every 5 years or otherwise as needed.
C5. Partnership Establishment & Management

A. CI Process, Cycle, and Process Lead


2. CI Cycle (semester/year & frequency): Each year—fall 2014, fall 2015, fall 2016, fall 2017. All partnerships will be reviewed in fall 2016 to prepare for developing new college strategic plan in fall 2017.


B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - Breadth and strength of partnerships, and how well partnerships match with strategic plan priorities and goals.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - ED Advancement is responsible for informing area directors or partnership leads in the summer.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - Staff and faculty responsible for areas conduct evaluations annually in early fall.
   - ED Advancement is responsible for summary evaluation in 2016-17.

7. What instruments, forms and/or data are utilized in the evaluation?
   - Primarily surveys.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - The Area director or partnership lead reviews for quality and completeness after the evaluation has been completed.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - Advancement Council reviews completed evaluations in late fall. Advisory committees review specific information related to their respective areas.
10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
   - Office of Advancement maintains the inventory of all partnerships, tracks completion of evaluations and maintains the master list of completed evaluations.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
   - Office of Advancement houses all evaluations in Google drive folders.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   - Area director or partnership lead will make recommendations for improvements to ED Advancement and the Advancement Council.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   - Faculty and staff will make improvements in the subsequent calendar year according to schedule.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   - Improvements and outcomes will be measured during the summary evaluation in 2016-17 and reviewed by the Advancement Council.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   - Office of Advancement and the Advancement Council in 2016-17 prior to development of next college strategic plan.

16. Who decides what improvements need to be made in the process, and how are they documented?
   - ED Advancement will make recommendations to S/P.
   - Dean IPE will incorporate improvements in process revision.
17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]
   - ED Advancement will implement improvements starting fall 2017.
D. Processes for Employee Hiring & Job Classification

D1a. Full-Time Hiring

*** This CI process will be developed in 2014-15. ***

A. CI Process, Cycle, and Process Lead

1. CI Process: Full-Time Hiring.

2. CI Cycle (semester/year & frequency):

3. CI Process Lead: AVPHR.
D1b. Part-Time Hiring

*** This CI process will be developed in 2014-15. ***

A. CI Process, Cycle, and Process Lead

1. CI Process: Part-Time Hiring.

2. CI Cycle (semester/year & frequency):

3. CI Process Lead: AVPHR.
D2a. Cyclical Job Classification Review—Classified Staff

A. CI Process, Cycle, and Process Lead

1. CI Process: Cyclical Job Classification Review – Classified Staff.

2. CI Cycle (semester/year & frequency): The classified staff represented by the California School Employees Association (CSEA) have a process in their CBA (Article 24) that provides a cycle of review for each job category once every four years. This cycle begins in November of each year and is designed to conclude the following April, but at least before the tentative budget is due to be considered by the Board of Trustees at their June meeting. Job categories are grouped (and outlined in the CBA) so that roughly one quarter of them will be reviewed each year.

The classified employees represented by the International Union of Operating Engineers Stationary Local No. 39 (L39) do not currently have a cyclical schedule of classification review, though this is a matter contained in the April 2014 sunshine document by the District for the spring negotiations of a successor agreement. Currently, their CBA provides only that the District will agree to meet and confer over any District-proposed change in job descriptions.

There also is not a cyclical review of classifications for the employees in the confidential group of employees, though the VP of Administrative Services and the AVPHR have scheduled a meeting before the end of spring 2014 to create such a process and cycle of review.

The rest of this document will address only the CSEA process.

3. CI Process Lead: AVPHR.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - Job descriptions, compensation ranges, and actual job duties of incumbents.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - By November, the AVPHR notifies the incumbents (and their supervisors) in the job classifications under review that the 30-day window for performing their classification review document (a job assessment) will soon open.
6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?

- There are two parts of the evaluation. First, the employee evaluates his or her own job duties against their formal job description. This assessment is reviewed by the employee’s supervisor, who also provides comments on this analysis.
- In the second stage, a classification committee, comprising two CSEA representatives (and an alternate), two District representatives (and an alternate), and a neutral fifth member jointly selected by the CSEA and the District, review all submissions, interview the CSEA members and their supervisors for any needed clarification, and make recommendations on reclassification and reallocation.

7. What instruments, forms and/or data are utilized in the evaluation?

- The employee completes a job analysis, called a Classification Review Document. This document requires the employee to: (a) list essential duties and estimate the amount of time spent performing each, (b) list each other (non-essential) duty and estimate the amount of time spent performing each, (c) list services and/or work products generated as a result of those duties, (d) assess the authority their job holds by assessing their contact, decision-making, and duties with employees within the department, outside the department, and with the general public, (e) provide information about their budget authority, (f) list their supervisory/direction responsibilities for others, (g) assess their planning and decision-making over policies, procedures, guidelines, (h) assess necessary knowledge, skills, and abilities to perform their jobs, (i) assess the education, experience, and certificates or licenses necessary for their job, and (j) assess the physical environment and requirements of the job. Within that document is a form for the supervisor to add his or her comments about the assessment, indicate the level of supervision they apply to the employee, and to rate the importance of the knowledge, skills, and abilities that the employee listed.
- When the classification review committee embarks on its work, it compares the CRD to the employees’ job descriptions, using a simple grid for their comparisons, and then examines the job descriptions for similar positions and salary data from an agreed-upon list of comparison institutions. The committee may or may not request an interview with the employee and one with the supervisor to gather additional information.
8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   • In addition to the employees themselves, their supervisors, and the committee members, the AVPHR follows the process closely and gets regular updates from the committee about its work. Because any recommendations for a change of classification or allocation come out of the committee in the form of a Tentative Agreement, the superintendent/president then reviews the work of the committee before making decisions each year. These reviews occur near the end and after every cyclical review occurs, in the spring of each year.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   • THE AVPHR has broad oversight of the work, in cooperation with the leadership of the CSEA. This oversight occurs during the entire process, with the main goal of having both parties ensure that the process can continue to a timely completion.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
   • The job categories that will be reviewed are contained in Article 24 of the CBA, and is available for both parties and all employees. The AVPHR and the CSEA leadership review the list each year before the AVPHR sends out notices and establishes the particular timelines for the year’s process.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
   • The evaluations are housed in the HR Office with an HR specialist who is training in classification issues. The evaluations are housed in the HR Office in a separate classification file.
C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   - The classification review committee determines whether an improved job description or classification is needed, and determines what level should be recommended. They document these recommendations on a recommendation sheet, and in the form of a TA, which goes to the superintendent/president, who makes a recommendation to the Board of Trustees.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   - The HR Office is charged with making any changes to job classification or salary allocation, which changes become effective on July 1 of the next year.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   - The cycle for any particular job category is every four years, so that is the cycle for determining whether the improvements or outcomes were adequate.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   - At the end of the review process, both the committee members and the participants are surveyed for their opinions about the effectiveness of each component of the process. The CSEA and the AVPHR then meet to review the survey results, and to decide on whether any improvements to the process that do not require negotiations should be made. If negotiations are required, the parties follow the process for negotiations.

16. Who decides what improvements need to be made in the process, and how are they documented?
   - The CSEA leadership and the District’s representative mutually decide, based on survey results.
17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]

- The CSEA leadership and the District’s representative direct the HR Office to make improvements to the process, as mutually agreed.
D2b. Individual Job Classification Review—Classified Staff

A. CI Process, Cycle, and Process Lead

1. CI Process: Individual Job Classification Review – Classified Staff.

2. CI Cycle (semester/year & frequency): The classified staff represented by the California School Employees Association (CSEA) have a process in their CBA (Article 24) that provides, in addition to a regular four-year cycle of review, an opportunity for individual’s to apply for their own position to be individually reviewed once a year. This opportunity “opens” in November of each year, on the same calendar as the cycle of review, and is designed to conclude the following April, but at least before the tentative budget is due to be considered by the Board of Trustees at its June meeting.

The classified employees represented by the International Union of Operating Engineers Stationary Local No. 39 (L39) currently have a contract provision that provides only that the District will agree to meet and confer over any District-proposed change in job descriptions.

Employees in the confidential group of employees do not yet have a process for requesting individual review of their job classification.

The rest of this document will address only the CSEA process.

3. CI Process Lead: AVPHR.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - Job descriptions, compensation ranges, and actual job duties of incumbents.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - By November, the AVPHR notifies employees that the 30-day window for requesting an individual review of their classification is open, and provides information about how to access the classification review document (a job assessment). The AVPHR also notifies them of workshops that will be held by HR and/or the CSEA, to guide them in the process and how to complete the documentation.
6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?

- There are two parts of the evaluation. First, the employee evaluates his or her own job duties against their formal job description. This assessment is reviewed by the employee’s supervisor, who also provides comments on this analysis.

- In the second stage, a classification committee, comprising two CSEA representatives (and an alternate), two District representatives (and an alternate), and a neutral fifth member jointly selected by the CSEA and the District, review all submissions, interview the CSEA members and their supervisors for any needed clarification, and make recommendations on reclassification and reallocation.

7. What instruments, forms and/or data are utilized in the evaluation?

- The employee completes a job analysis, called a Classification Review Document. This document requires the employee to: (a) list essential duties and estimate the amount of time spent performing each, (b) list each other (non-essential) duty and estimate the amount of time spent performing each, (c) list services and/or work products generated as a result of those duties, (d) assess the authority their job holds by assessing their contact, decision-making, and duties with employees within the department, outside the department, and with the general public, (e) provide information about their budget authority, (f) list their supervisory/direction responsibilities for others, (g) assess their planning and decision-making over policies, procedures, guidelines, (h) assess necessary knowledge, skills, and abilities to perform their jobs, (i) assess the education, experience, and certificates or licenses necessary for their job, and (j) assess the physical environment and requirements of the job. Within that document is a form for the supervisor to add his or her comments about the assessment, indicate the level of supervision they apply to the employee, and to rate the importance of the knowledge, skills, and abilities that the employee listed.

- When the classification review committee embarks on its work, it compares the CRD to the employees’ job descriptions, using a simple grid for their comparisons, and then examines the job descriptions for similar positions and salary data from an agreed-upon list of comparison institutions. The committee may or may not request an interview with the employee and one with the supervisor to gather additional information.
8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - In addition to the employees themselves, their supervisors, and the committee members, the AVPHR follows the process closely and gets regular updates from the committee about its work. Because any recommendations for a change of classification or allocation come out of the committee in the form of a Tentative Agreement, the superintendent/president then reviews the work of the committee before making decisions each year. These reviews occur near the end and after every cyclical review occurs, in the spring of each year.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - THE AVPHR has broad oversight of the work, in cooperation with the leadership of the CSEA. This oversight occurs during the entire process, with the main goal of having both parties ensure that the process can continue to a timely completion.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
    - The individual requests for classification review are submitted to and tracked by the AVPHR. The classification review committee are given all documents and perform the reviews, keeping the AVPHR and the CSEA leadership informed of their progress. The HR Office keeps records and communicates the results of all reviews each year.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
    - The evaluations are housed in the HR Office with an HR specialist who is training in classification issues. The evaluations are housed in the HR Office in a separate classification file.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How these are planned outcomes documented?
    - The classification review committee determines whether an improved job description or classification is needed, and determines what level should be recommended. They document these recommendations on a recommendation sheet, and in the form of a TA, which goes to the superintendent/president, who makes a recommendation to the Board of Trustees.
13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   - The HR Office is charged with making any changes to job classification or salary allocation, and the changes become effective on July 1 of the next year.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   - Because individual reviews are accepted only on years when the job category is not slated for a cyclical review, the new job description/category would be reviewed the next time that the job is schedules for a cyclical review, normally in less than four years. Effectively (though not directly), these improvements would also be assessed during the next performance evaluation cycle for the employee who had undergone review.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   - At the end of the review process, both the committee members and the participants are surveyed for their opinions about the effectiveness of each component of the process. The CSEA and the AVPHR then meet to review the survey results, and to decide on whether any improvements to the process that do not require negotiations should be made. If negotiations are required, the parties follow the process for negotiations.

16. Who decides what improvements need to be made in the process, and how are they documented?
   - The CSEA leadership and the District’s representative mutually decide, based on survey results.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]
   - The CSEA leadership and the District’s representative direct the HR Office to make improvements to the process, as mutually agreed.
D2c. Job Classification Review—Other Employees

*** This CI process will be developed in 2014-15. ***

A. CI Process, Cycle, and Process Lead

1. CI Process: Job Classification Review – Other Employees.

2. CI Cycle (semester/year & frequency):

3. CI Process Lead: AVPHR.
E. Performance Evaluation Procedures

E1. BOT Evaluation

A. CI Process, Cycle, and Process Lead


3. CI Process Lead: S/P & BOT President.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   • The effectiveness of the BOT.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   • The S/P and BOT President inform the BOT when it is time to conduct the next evaluation.
   • The BOT is informed at least 1 month prior to the actual evaluation.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   • The BOT conducts its own self-evaluation with the assistance of a facilitator.
   • Evaluation is conducted annually in May.

7. What instruments, forms and/or data are utilized in the evaluation?
   • A self-evaluation survey is completed by each member of the BOT and the survey items are linked to accreditation standards.
   • Other forms and/or data will be examined for use in future evaluations.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   • The BOT, with assistance from the S/P, reviews the content of the assessment methods before conducting the actual evaluation.
9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   • See #8.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
   • The S/P maintains all the elements of the evaluation.
   • The S/P tracks completion of the evaluations and maintains a record of all elements of the evaluation through agendas and minutes of BOT meetings.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
   • Evaluations are housed in the Office of the S/P.
   • BOT evaluations are a matter of public record and conducted in open meetings.
     Therefore, the results of all surveys as well as the results of evaluations are available to any member of the public.
   • The Office of the S/P maintains the entire set of completed evaluations.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   • The BOT decides improvements/outcomes.
   • The planned outcomes are documented in a report that is discussed at a subsequent BOT meeting following the self-evaluation.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   • The BOT, with assistance from the S/P, is responsible for making improvements and determining when they are implemented.
   • The dates for implementation are documented in the report following the self-evaluation.
14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   - Improvements/outcomes are measured annually and prior to the next self-evaluation.
   - The BOT, with assistance from the S/P, measures the improvements/outcomes.
   - The improvements/outcomes are documented in a report that is recorded in the agenda and minutes of a BOT meeting.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   - The BOT, with assistance from the S/P, assesses the effectiveness of the self-evaluation process. This evaluation is conducted when the BOT prepares for the next self-evaluation.

16. Who decides what improvements need to be made in the process, and how are they documented?
   - The BOT, with assistance from the S/P, decides what improvements need to be made in the evaluation process and these decisions are documented in BOT meeting agendas and minutes.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]
   - The BOT, with assistance from the S/P, makes improvements to the self-evaluation process and these improvements are implemented in the next self-evaluation.
E2. CEO Evaluation

A. CI Process, Cycle, and Process Lead


3. CI Process Lead: S/P.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - The job performance of the S/P is evaluated.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - It is a regularly calendared activity so there is no need to inform the S/P.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - The Board of Trustees conducts the evaluation annually (typically in June).

7. What instruments, forms and/or data are utilized in the evaluation?
   - The S/P completes a self-evaluation of performance. The Board of Trustees members complete an evaluation of the S/P usually utilizing a survey instrument. A facilitator is usually hired to assist the governing board in conducting the actual evaluation of the S/P which occurs during a governing board meeting. Instruments, forms, data, etc., are subject to change and are determined by the governing board.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - The Board of Trustees review the content for quality and completeness each year that the evaluation of the S/P is conducted.
9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - The President of the Board of Trustees broadly reviews content. Oversight occurs each year that the evaluation of the S/P is conducted.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
    - The S/P maintains the list of all job performance elements to be evaluated. The S/P, working with the President of the Board of Trustees, tracks the completion of evaluations and maintains the master list of all job performance evaluations. Additionally, the governing board agendas record when the S/P job performance evaluations are conducted.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
    - The S/P job performance evaluations are filed in the S/P’s personnel file in the Office of Human Resources. Only the Board of Trustees has access to the S/P job performance evaluation report.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
    - The S/P, working with the Board of Trustees, determine what improvements are needed in the job performance of the S/P and the expected outcomes. The outcomes are assessed in the subsequent evaluation.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
    - The S/P is responsible for making job performance improvements during the year preceding the subsequent evaluation.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
    - Improvements in S/P job performance are measured as part of the annual job performance evaluation process and they are documented in the S/P self-evaluation and the job performance evaluation conducted by the Board of Trustees. The Board of Trustees determines if improvements were adequate.
D. **Participants, Tasks & Evidence in Making Improvements in Process Effectiveness**

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?

   - The S/P and the Board of Trustees determine together the effectiveness of the S/P evaluation process. The evaluation of the effectiveness of the CEO evaluation process is completed each year that the S/P job performance evaluation is conducted.

16. Who decides what improvements need to be made in the process, and how are they documented?

   - The Board of Trustees decides what improvements will be made in the S/P job performance evaluation process. Improvements are documented in the implementation of changes for the subsequent evaluation. The S/P job performance evaluation and its processes are conducted in closed meetings of the Board of Trustees so the documentation remains in closed sessions.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]

   - The Board of Trustees makes improvements to the S/P job performance evaluation process. Improvements are implemented in the subsequent evaluation.
E3. Manager Evaluation

A. CI Process, Cycle, and Process Lead

1. CI Process: Manager Evaluation.

2. CI Cycle (semester/year & frequency): Manager and supervisor evaluations are conducted each year during the first two years of employment, and every three years thereafter, although more frequent evaluations may be conducted. The evaluations are conducted on an academic year basis, with each evaluation due by June 30 of the year (or period) being evaluated. Managers and supervisors participate in a goal setting and goal assessment process on an annual basis, regardless of whether they also participate in a comprehensive evaluation. This cycle and other procedures are contained in Administrative Procedure 7150, which implements Board Policy 7150, Manager Evaluations.

3. CI Process Lead: AVPHR.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - Performance of each manager and supervisor.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - The HR Office (currently, the AVPHR) notifies the supervisors of the manager/supervisors each year in April of the names of their supervisory employees that are due for a comprehensive evaluation, and which employees will be setting and assessing goals only. Additionally, the AVPHR notifies new employees and their supervisors, shortly after hire, about the manager evaluation process, and requests that they engage in the goal setting process within a short period (usually two weeks) of that notification.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - Immediate supervisors conduct the evaluations on the schedule above.

7. What instruments, forms and/or data are utilized in the evaluation?
   - Evaluation instruments, which are appendices to AP 7150, include a self-evaluation, a peer evaluation survey (a Survey Monkey instrument to be completed by 10 to 15 peers), an assessment of annual goals, and a supervisor evaluation.
8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   • In addition to the management employee and his or her supervisor themselves, the superintendent/president reviews all evaluations in this group, and then they are delivered to the AVPHR, who does a second review (and notes when the next evaluation will be due). This review is conducted for every evaluation, every time the evaluation is done.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   • The second-level supervisor (if there is one) may review the content of these evaluations, and the superintendent/president and AVPHR (see answer to number 8, above) conduct a review.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
   • Currently, the AVPHR, with assistance from the HR Administrative Assistant, maintains the list of all persons to be evaluated, tracks the completion of evaluations, and maintains the master list of evaluations completed and those yet to be completed.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
   • Evaluations are housed in each employee's personnel file in the HR Office. After review and signature by the employee and supervisor, the superintendent/president reviews and signs, and then after a review by the AVPHR, the HR Administrative Assistant files them in personnel files. Only the employee, the supervisor on a need-to-know basis, and HR personnel have access to these files.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   • With regard to the improvement of employee performance, the employee and the supervisor together decide what improvements/outcomes are needed and the level of targeted improvements/outcomes. These are documented in an improvement plan/goals section of each evaluation.
13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   - The employee, with the supervisor’s support and guidance, is responsible for making improvements. The evaluation instrument that the parties contributed to will contain a timeline for making the improvements. These are documented in an improvement plan/goals section of each evaluation.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   - Other than the requirement to conduct evaluations of new employees each year for the first two years and at least once every three years thereafter, with annual goal setting and assessment cycles throughout, supervisors have wide leeway on this issue. The details (frequency, measurement) will be spelled out in the evaluation instruments.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   - All supervisors of managerial employees have an opportunity to evaluate the process as they evaluate employees. The superintendent/president and the AVPHR have an opportunity to examine all evaluations conducted by June 30 of each year, and suggest improvements based on that review.

16. Who decides what improvements need to be made in the process, and how are they documented?
   - Because the evaluation process is written into an administrative procedure, ultimately, the superintendent/president has the authority to decide what improvements need to be made in the process. (After the first year of employing this process, the superintendent/president suggested an improvement in the survey tool, requiring peers who selected the option “Needs Improvement? Or “Below Minimal Standards” to provide an example.)
17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]

- After the superintendent/president recommends improvements to the process at the end of an evaluation cycle, the AVPHR makes those improvements to the process or forms, and the supervisors of managerial employees then implement those improved processes during the next evaluation cycle.
E4. Classified Staff Evaluation

A. CI Process, Cycle, and Process Lead

1. CI Process: Classified Staff Evaluation.

2. CI Cycle (semester/year & frequency): Classified staff evaluations are conducted at least twice during the initial probationary period, and at least once every two years thereafter on the anniversary date of employment.

Schedules differ per CBAs, which contain different probationary periods. L-39 and confidential employees have a 12-month probationary period. L-39 employees have three probationary evaluations (before end of 3rd, 5th, and 11th months), and CSEA employees have two probationary evaluations (before end of 4th and 8th months). Confidential employees must have an annual evaluation to qualify for annual pay increments.

3. CI Process Lead: AVPHR.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - Performance of each employee.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - HR Office (HRIS Specialist, with notice to AVPHR) e-mails supervisor of the employee under review approximately 4 months before an evaluation is due.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - Immediate supervisors conduct evaluations on schedule above, which outlines the minimum timeline. More frequent evaluations may be conducted.

7. What instruments, forms and/or data are utilized in the evaluation?
   - Evaluation instruments/forms are prescribed in the respective CBAs. Evaluations must be based on personal knowledge and observations of the supervisor, but also may rely on reliable information from third parties.
8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   • The employee under review checks the content of the evaluation and has an opportunity to do two things: (1) file an objection or supplement to the evaluation, and (2) have the evaluation reviewed by a second-level supervisor.
   • HR staff (HRIS Specialist and AVPHR) review the content of each evaluation for quality and completeness.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   • See bullet point 2 in answer to 8, above.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
    • HRIS Specialist with oversight from AVPHR (this is one of the tracking processes that HR is now trying to improve by purchasing a software module that will integrate with our main employee database system, Colleague, to automate notifications, allow employees and supervisors access to schedule of review, and improve the follow-up after evaluations.)

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
    • Evaluations are housed in each employee’s personnel file. After review and signature by the employee and supervisor, the AVPHR reviews and signs, and then the HRIS Specialist or HR Administrative Assistant files them in personnel files. Only the employee, the supervisor on a need-to-know basis, and HR personnel have access to these files. Employees may authorize (in writing) a representative (usually a union rep) to also have access to their personnel files.
C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   - With regard to the improvement of employee performance, the employee and the supervisor together decide what improvements/outcomes are needed and the level of targeted improvements/outcomes. These are documented in an improvement plan/goals section of each evaluation.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   - With regard to employee performance, the employee, with the supervisor’s support and guidance, is responsible for making improvements. The evaluation instrument that the parties contributed to will contain a timeline for making the improvements. These are documented in an improvement plan/goals section of each evaluation.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   - Other than the requirement to conduct evaluations of permanent employees at least every two years (and probationary employees more frequently), supervisors have wide leeway on this issue, consistent with the requirements of the CBAs involved. Frequency and documentation may depend on the areas of needed improvement, and should be spelled out in the evaluation instrument.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   - All supervisors have an opportunity to evaluate the process as they evaluate employees, and they participate in a more formal evaluation of the effectiveness of the process every three years, in the early spring, when each CBA is up for renegotiation.
16. Who decides what improvements need to be made in the process, and how are they documented?
   - Because evaluations are subject to negotiations, no one person decides what improvements need to be made. However, supervisors are requested to provide their feedback about needed improvements to the AVPHR, who then works with the District’s negotiations team to consider adding improvements to the list of items to sunshine for a successor agreement. These suggestions would be documented in emails to the AVPHR. Typically, negotiations open every three years, but mid-contract adjustments may be made if the parties mutually agree.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]
   - Some improvements to the process would be made by both negotiating teams, ratified by the parties, and implemented by the HR Office. Typically, successor agreements are ratified on or near the end of an academic year to be effective in July 1 of that year. Recent practice has been to negotiate three-year agreements. Currently, the L-39 CBA is set for renegotiation in spring 2014 for a July 1, 2014 effective date. The CSEA CBA is set for renegotiation in spring 2015 for a July 1, 2015 effective date. Confidential employees’ cycles of CI will typically follow the CSEA schedule.
   - Other kinds of improvements to the process (the record-keeping, tracking, notification systems) will be on HR’s cycle of improvement in the upcoming year if new software is purchased for that purpose.
E5a. Probationary Faculty Evaluation

A. CI Process, Cycle, and Process Lead

1. CI Process: Probationary Faculty Evaluation.

2. CI Cycle (semester/year & frequency): Probationary faculty are evaluated every year for their first four years of teaching on an annual cycle that is completed before the March meeting of the Board of Trustees. Rules for probationary faculty evaluations are found in article 14 of the collective bargaining agreement between the district and the Hartnell College Faculty Association.

3. CI Process Lead: VPAA & VPSA & AVPHR.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - The performance of probationary faculty.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - The HR Office works with the offices of academic affairs and student affairs to create lists of probationary faculty who are to be evaluated. Those offices then notify the deans of that faculty of the upcoming evaluations. The evaluation article of the CBA is currently silent on when this notice must occur, except that it comes “prior to the beginning of the tenure review evaluations.”
6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - Each member of the evaluation team, consisting of the dean and a peer evaluator, conducts three worksite observations, so that each class the probationary faculty member teaches is observed. If the faculty member is not an instructional faculty member (e.g., a counselor or librarian), then the peer and the dean still split the worksite observations, which may consist of individual counseling or consulting sessions. Also, students in each class observed do student evaluations prior to November 15. The evaluation team reviews all materials, including the reports produced by the probationary faculty member, the student evaluations, and each other’s worksite observations, and prepare a summary evaluation report. This process starts in early fall with a pre-evaluation conference, and concludes by December 10 with a post-evaluation conference. (After that, the Tenure Review Committee completes the process before the pre-March 15 meeting of the Board of Trustees).

7. What instruments, forms and/or data are utilized in the evaluation?
   - Evaluations are conducted using worksite observation forms, student evaluation forms, and self-submitted professional growth report, college-related activities report, and classroom and teaching materials. The evaluation team then creates a summary evaluation report, which contains an overall performance rating and recommendation on continued employment. The instruments for all except the summary evaluation report are contained as appendices to the CBA.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - The Tenure Review Committee reviews all materials for content quality and completeness each time that the evaluation is conducted. In some instances, the Tenure Review Committee requests additional information from the probationary faculty member or from the evaluation team if the information supplied is deemed insufficient for them to make a recommendation.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - Deans review the content of the evaluations in their area as members of the evaluation team, and vice presidents broadly review the content, as members of the Tenure Review Committee. This broad oversight is exercised during every evaluation period. Recommendations from the Tenure Review Committee go to the superintendent/president, who also has an opportunity to review.
10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?

- The vice presidents of academic affairs and student affairs and the HR Office all keep track of the probationary faculty who are to be reviewed each year of this process. The vice presidents, in their role on the Tenure Review Committee, keep track of the completions, and then hand over all materials to the HR Office to place completed evaluations in personnel files. The HR Office maintains the master list of probationary faculty to be evaluated, and also tracks the evaluations completed/yet to be completed.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?

- After the Tenure Review Committee has completed its work and made a recommendation to the president, and the president has made a recommendation to the Board of Trustees, the evaluations are made available to the Board of Trustees during its meeting in which it makes decisions on continuation of employment and/or tenure. Following that meeting, the Tenure Review Committee, through the vice presidents on the committee, deliver the evaluations to the HR Office, who houses all evaluations in personnel files. They are placed there by an HR Specialist or the HR Administrative Assistant. Only the probationary faculty and their supervisors, on a need-to-know basis, have access to those files (and also HR staff, for purposes of completing administrative tasks with the files). Faculty also may give union representatives access to their files. The year’s “set” of evaluations is not kept as a set; it is placed into individual personnel files.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?

- During the evaluation process, the evaluation team may recommend corrective action or a remediation plan for the probationary faculty member. This plan should be developed within 10 working days of the post-evaluation conference. Such a plan also may be recommended by the Tenure Review Committee. The CBA does not provide a timeline for accomplishing this plan, but it, too, will be reviewed during the next evaluation cycle, which will be the following year. These planned outcomes should be documented during the next evaluation cycle.
13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   - The probationary faculty member is responsible for making improvements before the next evaluation cycle (which begins the following fall), or sooner, if so specified in the plan.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   - Improvements will be measured during the next evaluation cycle, which begins in the next fall and concludes before the next March 15 Board meeting. They are documented using the tools and criteria of the normal evaluation cycle.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   - Near the end of each academic year, the VPSA & VPAA & AVPHR invite faculty and academic administrators to participate in a review of the faculty evaluation process to examine: What went well during the evaluation process, what didn’t go so well in the process, and what specific suggestions do the participants have to improve the process.
   - Additionally, all academic administrators have an opportunity to evaluate the effectiveness of the process every three years, in the early spring, when the faculty CBA is up for renegotiation.

16. Who decides what improvements need to be made in the process, and how are they documented?
   - Because evaluations are subject to negotiations, no one person decides what improvements need to be made. However, the results of the reviews described above are documented (usually on easel pads, and then typed) and shared with all parties to the negotiations so that these comments and informal assessments can be part of the negotiations process. Additionally, pursuant to Ed. Code, the faculty negotiation team consults first with the Academic Senate before negotiating evaluation processes.
17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]

- Some improvements to the process would be made by both negotiating teams, ratified by the parties, and implemented by the academic administrators and the HR Office. Some changes that do not require negotiations (e.g., in tracking, efficiencies, form of notices, training) and that can be implemented by the participants consistent with the CBA are implemented immediately.
E5b. Tenured Faculty Evaluation

A. CI Process, Cycle, and Process Lead

1. CI Process: Tenured Faculty Evaluation.

2. CI Cycle (semester/year & frequency): Tenured faculty are evaluated at least once every three years. Rules for tenured faculty evaluations are found in article 13 of the collective bargaining agreement between the district and the Hartnell College Faculty Association.

3. CI Process Lead: VPAA & VPSA & AVPHR.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   • The performance of tenured faculty.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   • The deans of each area or the vice presidents of each area inform faculty before September 30 of each year in which they will be evaluated.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   • An evaluation team consisting of a peer evaluator and the dean (or appropriate administrator) conducts the evaluation. Evaluations may be conducted during any month or months of the academic year as agreed among the parties, as long as the evaluation is completed during the academic year. The evaluation is conducted at least once every three years.
7. What instruments, forms and/or data are utilized in the evaluation?
   - Evaluations are conducted using worksite observation forms, student evaluation forms, and self-submitted professional growth report, college-related activities report, and classroom and teaching materials (which appear to be optional). The supervisor prepares an evaluation report based on the information contained in those completed forms, with an overall performance rating of satisfactory or unsatisfactory. If unsatisfactory, the supervisor must give a “full and specific explanation,” and must include suggestions. Instruments for the worksite and student evaluations are contained as appendices to the CBA.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - The deans and then the vice presidents review for quality and completeness at every evaluation.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - Vice presidents, at every evaluation.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
    - The HR Office, in conjunction with the two vice presidents’ offices, keeps track of the list of persons to be evaluated each year, and the cycle for evaluation.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
    - Upon completion and review, all evaluations are transmitted to the HR Office and housed in personnel files there. They are put in files by an HR Specialist or the HR Administrative Assistant. Only the faculty and their supervisors, on a need-to-know basis, have access to those files (and also HR staff, for purposes of completing administrative tasks with the files). Faculty also may give union representatives access to their files. The year’s “set” of evaluations is not kept as a set; it is placed into individual personnel files.
C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   • During the evaluation process, the evaluation team, in consultation with the faculty member, may prepare a remediation plan that includes recommended corrective action (i.e., planned outcomes). This plan should be developed within the evaluation year, to be completed before December 15 of the following year.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   • The tenured faculty member, before December 15.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   • The supervisor assesses whether the improvements were achieved after the remediation plan has been completed (by December 15). The CBA is silent as to how this is documented by the supervisor. It does allow, however, that, in addition to the normal cycle of evaluation at least once every three years, evaluations can occur more often as deemed necessary. The supervisor decides whether the improvements were adequate.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   • Near the end of each academic year, the VPSA & VPAA & AVPHR invite faculty and academic administrators to participate in a review of the faculty evaluation process to examine: What went well during the evaluation process, what didn’t go so well in the process, and what specific suggestions do the participants have to improve the process.
   • Additionally, all academic administrators have an opportunity to evaluate the effectiveness of the process every three years, in the early spring, when the faculty CBA is up for renegotiation.
16. Who decides what improvements need to be made in the process, and how are they documented?
   - Because evaluations are subject to negotiations, no one person decides what improvements need to be made. However, the results of the reviews described above are documented (usually on easel pads, and then typed) and shared with all parties to the negotiations so that these comments and informal assessments can be part of the negotiations process. Additionally, pursuant to Ed. Code, the faculty negotiation team consults first with the Academic Senate before negotiating evaluation processes.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]
   - Some improvements to the process would be made by both negotiating teams, ratified by the parties, and implemented by the academic administrators and the HR Office. Some changes that do not require negotiations (e.g., in tracking, efficiencies, form of notices, training) and that can be implemented by the participants consistent with the CBA are implemented immediately.
E5c. Adjunct Faculty Evaluation

A. CI Process, Cycle, and Process Lead

1. CI Process: Adjunct Faculty Evaluation.

2. CI Cycle (semester/year & frequency): Adjunct faculty are evaluated within their first year of teaching and at least once every six semesters thereafter. Rules for faculty evaluations are found in article 21 of the collective bargaining agreement between the district and the Hartnell College Faculty Association.

3. CI Process Lead: VPAA & VPSA & AVPHR.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?
   - The performance of adjunct faculty.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - The HR Office works with the offices of academic affairs and student affairs to create updated lists of adjunct faculty who are employed during the semester, and from that list, the adjuncts who are due to be evaluated during that semester. The HR Office then supplies the two offices with the lists, and the VPs either notify the adjunct faculty of their evaluation or delegate that notice to their deans.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - The deans responsible for faculty are ultimately responsible to ensure that adjunct faculty in their area are observed and evaluated on schedule. They will work with the adjunct and full-time faculty in their area to coordinate who will conduct worksite observations of the adjunct faculty (either the tenured full-time faculty member, an appropriate administrator, or both), and when those observations will occur. Students also contribute to the evaluation, and the adjunct faculty member contributes by way of submitting course syllabi, samples of class materials, and other teaching materials. Evaluations may occur throughout the academic year, but normally not during the first or last two weeks of the semester, and not without at least a five days’ notice to the adjunct faculty member. Evaluations are done during the first year, and at least every six semesters thereafter, but can be done more frequently.
7. What instruments, forms and/or data are utilized in the evaluation?
   - Evaluations are conducted using worksite observation forms, student evaluation forms, and self-submitted classroom and teaching materials. These instruments are contained as appendices to the CBA.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - The deans review all evaluative materials, sign off on the evaluations, and forward them on to their vice presidents, who also review for completeness. Evaluations are then submitted to the HR Office, which tracks the completed evaluations and notes when the next evaluations are due. This tracking requires periodic updating, complicated by the fact that it cannot be known, semester to semester, whether any particular adjunct will continue to work at Hartnell, so the measurement of when the next “six semesters” will be completed is not certain at the time that an evaluation is performed.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - Deans review the content of the evaluations in their area, and vice presidents broadly review the contents of the evaluations in all dean areas under their purview. This oversight occurs every year for every evaluation.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
    - The HR Office maintains the list of all persons to be evaluated, in cooperation with the deans and vice presidents. HR tracks completions and maintains the master list of completions and those yet to be completed.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
    - Deans collect all evaluation materials, and only upon completion of all components (worksite observations, student evaluations, and classroom material) sign and deliver them to the HR Office. Evaluations are placed in each adjunct’s personnel file.
C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   - During the evaluation process, either the dean or the vice president may recommend corrective action or a remediation plan, though this is not a required part of the evaluation process. If such improvements are noted, they are decided on by the dean (who may take counsel from the faculty peer evaluator). If there are suggestions for improvement, the period before the next evaluation normally will be shortened, and this will be noted on the evaluation cover sheet.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   - The adjunct faculty member will be responsible for making the improvements immediately and during the ensuing semesters. Usually, the dean and/or faculty peer evaluator will assist with a plan for assisting the adjunct faculty member in making the improvements.

14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?
   - The improvements will be measured during the next evaluation period, which may be the next semester, the next year, or another period, documented on the evaluation cover sheet. The participants in the next evaluation—again, a tenured faculty peer and/or dean—will determine whether the improvements were adequate.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?
   - Near the end of each academic year, the VPSA & VPAA & AVPHR invite faculty and academic administrators to participate in a review of the faculty evaluation process to examine: What went well during the evaluation process, what didn’t go so well in the process, and what specific suggestions do the participants have to improve the process.
   - Additionally, all academic administrators have an opportunity to evaluate the effectiveness of the process every three years, in the early spring, when the faculty CBA is up for renegotiation.
16. Who decides what improvements need to be made in the process, and how are they documented?
   - Because evaluations are subject to negotiations, no one person decides what improvements need to be made. However, the results of the reviews described above are documented (usually on easel pads, and then typed) and shared with all parties to the negotiations so that these comments and informal assessments can be part of the negotiations process. Additionally, pursuant to Ed. Code, the faculty negotiation team consults first with the Academic Senate before negotiating evaluation processes.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]
   - Some improvements to the process would be made by both negotiating teams, ratified by the parties, and implemented by the academic administrators and the HR Office. Some changes that do not require negotiations (e.g., in tracking, efficiencies, form of notices, training) and that can be implemented by the participants consistent with the CBA are implemented immediately.