SITTING BULL COLLEGE
PROGRAM REVIEW REPORT

Instructions: This Program Review Report template is to be used as part of the required five-year scheduled program review cycle at Sitting Bull College. All sections of this report are required and should be completed in full. If a section does not apply to the program, clearly indicate "N/A" and provide a brief explanation. Programs with specialized or external accreditation may incorporate relevant accreditation materials into this report, where appropriate.

Program: _____

Date of Review:

Department Chair: **Email:**

Supervisor:

PART 1 – PROGRAM CONTEXT

A. Program Mission Statement (75 words max):

B. Degrees and/or Certificates Offered

C. Faculty & Staff

- Name(s)
- Title/Position(s)
- Classification: Full-time, Part-time, Temporary, etc.
- Number of credits taught each semester by each adjunct instructor
- Summarize Changes in Staffing (Past Five Years)

D. Advisory Committee

☐Yes

☐No

If yes, summarize how advisory committee has helped in curriculum planning over the past five years: (50 word limit)

PART 2 – PROGRAM PRODUCTIVITY (COMPLETED BY REGISTRAR/ VP OF OPERATIONS)

A. Enrollment

1. Program Enrollment (adjust the years to reflect the previous 4 years as applicable)

	2021-2022		2022-2023		2023-2024		2024-2025		2025-2026	
	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring
Program Students										
All Students										
Percent of Students in Program										

B. Persistence and Completion

1. Average fall to spring persistence rate in the program for the past 4 years: ___%
2. Average fall to fall retention rate in the program for the past 4 years: ___%
   *not applicable for certificate programs of study
3. Average time to completion for students in the program for the past 4 years: ___semesters
   (3 of the 6 students transferred credits in; 3 completed in 4 semesters)
4. Average placement rate for graduates of your program for the past 4 years:_____

C. Cost Analysis *A cost analysis is not required for this request as it is embedded in the Business Department.*

Program			**Expense**	**Total (+/-)**
Annual Program Cost:				
Personnel/Fringe				
Supplies				
Equipment				
Travel				
Other	PD, Consultants/Speakers			
Total:			**$ 0.00**	**$ 0.00**
Annual Program Revenue:	**#**	***Calculation/Funds***	**Revenue**	

Enrollment/Credits				
FTE Funding			$ 0.00	
Tuition			$ 0.00	
Fees			$ 0.00	
Other Funding			$ 0.00	
Total:			**$ 0.00**	**$ 0.00**
Net:				**$ 0.00**
Per FTE Program Cost/Revenue:				**$ 0.00**

PART 3 – PROGRAM INFORMATION (COMPLETED BY DESIGNATED FACULTY/PERSONNEL)

A. External Program Accreditation or Approvals

The Higher Learning Commission is a regional accrediting body for the institution. External accreditations or approvals are separate from HLC and are specific to the program of study.

☐ This program of study does not require nor has any external accreditations or approvals.

☐ This program of study has had difficulty meeting external accreditations or approvals.

☐ This program of study has an external accreditation or approval.

Name of accrediting/approval body: _____
Date most recently accredited/approved: _____
Next reaccreditation/approval date: _____

☐ We are seeking an external accreditation or approval for this program of study.

Name of accrediting/approval body: _____
Timeline for seeking accreditation: _____

B. Teaching, Curriculum, and Student Experience

1. Alignment with Disciplinary Standards

   ☐Strong

   ☐Adequate

   ☐Needs Improvement

   Explanation:

2. Integration of Lakota/Dakota Culture

   ☐Throughout

   ☐Majority

   ☐Some

   ☐Limited

   Explanation w/concrete examples:

3. Course Scheduling Meets Student Needs

   ☐Yes

   ☐Partially

☐No

Explanation

C. Program Assessment

	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
Assessment Committee Composite Scores					

1. Were program assessment reports completed in full and on time for each of the five years? Please explain.
2. Key takeaways from assessment practices over the past five years:

Outcomes Qualitative Data

1. What are some challenges to program recruitment and enrollment? *These may include specialized requirements for program entry, student preparedness, or other challenges. (50 word limit)*
2. What are some challenges to persistence or completion in your program? *These may include bottleneck courses, scheduling, student preparedness or other challenges. (50 word limit)*
3. What mechanism do you use to get feedback on how well graduates are prepared for the career field or further education? What is the feedback have you received about graduates in the field? *(50 word limit)*

D. Program Resources

1. How well are the physical resources meeting the needs of your students and program? *Physical resources include space, equipment, supplies, or technology.*
2. How well are the human resources meeting the needs of your students and program? *Human resources include faculty, field placements, counselors, adjuncts, or tutors.*
3. How well are the financial resources meeting the needs of your students and program? *Financial resources include tuition support, scholarships, salaries, or ongoing subscription or other program costs.*

E. Special Program Challenges (if applicable)

1. Student Complaints
2. Faculty Load or Scheduling
3. External Conditions or Stressors to the Program
4. Other Challenges Specific or Unique to the Program

F. Department Action Plan

1. Highlight the main goals of the Departmental Action Plan that relate to this program of study.
2. Highlight the main facilitators (things that are working) that relate to this program of study.
3. Highlight the main challenges that relate to this program of study.

G. Other Relevant Program Comments or Information

FEEDBACK & ACTIONS

Part A will be completed by the Curriculum Committee; Part B will be completed by the program faculty.

A. Program Action (see rubric)

☐Retain program of study as is
☐Expand program of study to another level, specialty, or delivery option
☐Revise program of study to better meet the needs of current labor market or industry
☐Consolidate program of study with another program
☐Terminate program of study

B. Action Plan

Please itemize needs of the program for the next five years. Add who will be responsible for obtaining/implementing needs (if approved) and the timeline for implementation. Add an estimation of the budget required for action.

***Note:** Actions will be approved by SBC Administration if budget is allowed. Programs will need to report on the impact of action on the next program review report.*

Action / Communication	Responsible	Timeline	Budget
			$0
			$0
			$0
			$0