



PALO VERDE COLLEGE

WHERE KNOWLEDGE TAKES ROOT AND OPPORTUNITY GROWS



MIDTERM REPORT

SUBMITTED BY:

PALO VERDE COLLEGE
ONE COLLEGE DRIVE
BLYTHE, CA 92225

SUBMITTED TO:

ACCREDITING COMMISSION FOR COMMUNITY AND JUNIOR COLLEGES
WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES

MARCH 15, 2017

TABLE OF CONTENTS

Certification Page	1
Report Preparation	2
Response to Team Recommendations for Improvement and Data Trend Analysis	4
TEAM RECOMMENDATIONS FOR IMPROVEMENT	4
Institutional Response	4
Supporting Evidence/Documentation	4
INSTITUTIONAL ANALYSIS OF DATA TRENDS	5
Annual Report Data	5
Annual Fiscal Report Data	11
Supporting Evidence/Documentation	12
Response to Self-Identified Improvement Plans	13
Supporting Evidence/Documentation	36
Additional Evidence/Documentation	38

CERTIFICATION PAGE

Certification Page

To: Accrediting Commission for Community and Junior Colleges,
Western Association of Schools and Colleges

From:

Donald G. Wallace, Ph.D.

(Name of Chief Executive Officer)

Palo Verde Community College District

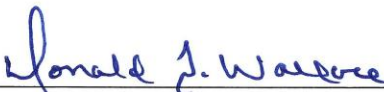
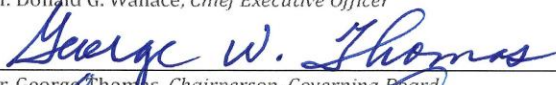



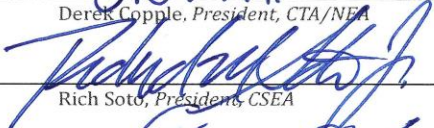

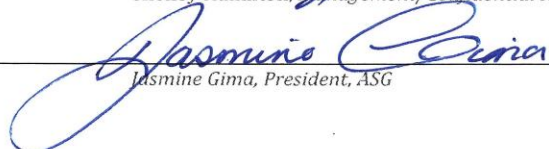
(Name of Institution)

One College Drive, Blythe, CA 92225

(Address)

I certify there was broad participation/review by the campus community and believe this Report accurately reflects the nature and substance of this institution.

Signatures:

 Dr. Donald G. Wallace, Chief Executive Officer	3-14-17 (Date)
 Dr. George Thomas, Chairperson, Governing Board	3-14-17 (Date)
 Dr. Sean C. Hancock, Vice President of Instruction and Student Services/ALO	3/14/17 (Date)
 Biju Raman, President, Academic Senate	3/14/17 (Date)
 Derek Cottle, President, CTA/NEA	3/14/17 (Date)
 Rich Soto, President, CSEA	3/14/17 (Date)
 Shelley Hamilton, Management/Confidential Representative	3-14-17 (Date)
 Jasmine Gima, President, ASG	3-14-17 (Date)

Report Preparation

Upon receiving the Commission's Action Letter dated July 8, 2016 ([A.1](#)), the administration, faculty, and staff, remobilized the various committees to begin work on the midterm report due to the commission on March 15, 2017. The Board of Trustees, the College Council, and representatives of the various campus constituencies, were regularly informed of the progress throughout the process. The present Midterm Report describes the collaborative efforts of the College constituencies in addressing the action plans and any recommendations for improvement identified within the Report of the Institutional Self-Evaluation for Reaffirmation of Accreditation submitted January 10, 2014 ([A.2](#)), and includes an analysis of the data submitted in the 2014-2016 Annual Reports ([A.3](#), [A.4](#), [A.5](#)).

Palo Verde College has demonstrated that it has either completed, or made significant progress towards meeting its self-identified action plans as evidenced by the removal of Commission sanctions following site team visits in the spring of 2015 ([A.6](#)) and 2016 ([A.7](#)), as most of the action plans align with recommendations received following the Comprehensive External Evaluation Visit from the Spring of 2014 ([A.8](#)). We believe these actions demonstrate the College's commitment to ensuring a sustainable continuous cycle of quality improvement, and will contribute towards reaffirmation of our accreditation in the year 2020.

Beginning with the November 15, 2016 Institute Day, The Vice President of Instruction and Student Services/Accreditation Liaison Officer delivered a PowerPoint presentation on changes to Eligibility Requirements, Accreditation Standards, and to the structure of the Midterm Report ([A.9](#)). Additional planning and the delegation of assignments took place on the same day at the College Council/Strategic Planning Steering Committee meeting. On December 12, 2016, the Accreditation Liaison Officer presented the Full Administrative and College Council/Strategic Planning Committee with a draft of the table of contents ([A.10](#)), a review of the report guidelines ([A.11](#)), and timeline review ([A.12](#)). This was the basis for the delegation of assignments related to the preparation of the report. These resources were also distributed to the Board of Trustees for their public meeting held on December 13, 2016 ([A.13](#)). Progress reports were provided to the Board of Trustees during the January 24, 2017 ([A.14](#)) and February 14, 2017 ([A.15](#)) meetings. The College Council/Strategic Planning Steering Committee was updated during their

REPORT PREPARATION

January 24, 2017 meeting ([A.16](#)). During the February 7, 2017 Full Administrative and College Council/Strategic Planning Steering Committee meeting ([A.17](#)), revisions to the table of contents, and the overall approach to the College action items were reviewed and discussed.

On March 7, 2017, a draft of the report was presented to the Full Administrative and College Council/Strategic Planning Steering Committee ([A.18](#)), and was released to the College community for review and comment. The final draft was attached to the agenda on March 10, 2017 for the March 14, 2017 Board of Trustees meeting. The Midterm Report was approved by the Board of Trustees and posted on the College's public website ([A.19](#)).

RESPONSE TO TEAM RECOMMENDATIONS FOR IMPROVEMENT AND DATA TREND ANALYSIS

Response to Team Recommendations for Improvement and Data Trend Analysis

TEAM RECOMMENDATIONS FOR IMPROVEMENT

Institutional Response

Within the Palo Verde College External Evaluation Team Report April 22, 2014, the visiting team identified eight recommendations, none of which were recommendations for improvement, but rather recommendations in order to meet Commission standards ([TR.1](#)). These recommendations were reflected in the ACCJC Action Letter dated July 3, 2014 ([TR.2](#)), at which time the College was placed on Probation. Following the submission of a Follow-Up Report on March 15, 2015 ([TR.3](#)), and a subsequent Follow-Up Visit ([TR.4](#)), in its June 29, 2015 Action Letter ([TR.5](#)), the Commission acknowledged that two of the recommendations had been satisfied, placed the College on Warning, and ordered another Follow-Up Report, and an external site team visit for the Spring of 2016. Palo Verde College submitted a Follow-Up Report on March 1, 2016 ([TR.6](#)). Following an external site team visit on March 16, 2016 ([TR.7](#)), the Commission accepted the team's conclusion that the College had satisfied the remaining six recommendations, and removed the Warning sanction in its July 8, 2016 Action Letter ([TR.8](#)). Palo Verde College has satisfied the recommendations for compliance with Commission standards; and while there are no recommendations for improvement, the College has self-identified areas of improvement as evidenced in sections Institutional Analysis of Data Trends and Response to Self-Identified Improvement Plans.

Supporting Evidence/Documentation

- TR.1. [Palo Verde College External Evaluation Team Report April 11, 2014](#)
- TR.2. [Palo Verde College Commission Action Letter July 3, 2014](#)
- TR.3. [Palo Verde College Follow-Up Report March 15, 2015](#)
- TR.4. [Palo Verde College Follow-Up Visit Team Report May 11, 2015](#)
- TR.5. [Palo Verde College Commission Action Letter June 29, 2015](#)
- TR.6. [Palo Verde College Follow-Up Report March 1, 2016](#)
- TR.7. [Palo Verde College Follow-Up Visit Team Report March 16, 2016](#)
- TR.8. [Palo Verde College Commission Action Letter July 8, 2016](#)

RESPONSE TO TEAM RECOMMENDATIONS FOR IMPROVEMENT AND DATA TREND ANALYSIS

INSTITUTIONAL ANALYSIS OF DATA TRENDS

Annual Report Data

Palo Verde College has developed Standards of Performance with Respect to Student Achievement, consisting of institution set standards that measure student performance and success in the following areas: course completion/success; student progress and attainment (SPAR); transfer; and career training and education (CTE) achievement. In consultation with the various stakeholders, the College continues to expand upon proposed institution set standards to meet ACCJC and the Chancellor's Office expectations. The College Council/Strategic Planning Steering Committee, consisting of representatives of all College constituencies, establishes a process for periodic review and evaluation of institution set standards, specifically for course completion/success; student progress and attainment; transfer and CTE achievement, and recommends steps to improve performance where needed. The Program Review Committee, revised its processes and report templates, to incorporate institution set standards as part of its review process. Each year, the College Council/Strategic Planning Steering Committee will continue its evaluation of the effectiveness of the institution set standards and recommend changes where needed.

It is important to recognize that the Annual Reports to ACCJC ([TA.1](#), [TA.2](#), and [TA.3](#)) has evolved over the past three reporting cycles to better reflect expectations with regard to institution set standards. In an effort to support California community colleges, the California Community College Chancellor's Office (CCCCO), through the Institutional Effectiveness Partnership Initiative (IEPI), has implemented annual reporting of Indicator Rates ([TA.4](#) and [TA.5](#)), whereby colleges can establish a goals framework from which to monitor progress towards meeting identified short-term and long-term goals. The short-term goals submitted to the CCCCCO were used in the tables below where the College is asked to provide stretch goals.

RESPONSE TO TEAM RECOMMENDATIONS FOR IMPROVEMENT AND DATA TREND ANALYSIS

INSTITUTION SET STANDARDS

Category	Reporting year		
	2014	2015	2016
STUDENT COURSE COMPLETION (Definition: The course completion rate is calculated based on the number of student completions with a grade of C or better divided by the number of student enrollments.)			
Institution Set Standard	N/A	70.6	70.6
Stretch Goal	N/A	72.2	70.6
Actual Performance	68%	67.4	39.05
Difference between Standard and Performance	N/A	-3.2	-31.55
Difference between Stretch Goal and Performance	N/A	-4.8	-31.55
Analysis of the data: The performance trend indicates a substantial decline in performance. During this reporting period, there was a shifting of inmates from one of the state prisons served within our district in order to better accommodate special populations. As the College monitors subsequent reporting periods, the College will be informed as to whether this was an anomaly, or indicative of other factors. It should be noted that the institutional set standard was set in alignment with short-term goals rather than a minimum standard for the institution. This will be re-evaluated this year as the College performs an annual review of institution set standards and indicator rates (goals).			

Category	Reporting years		
	2014	2015	2016
DEGREE COMPLETION (Students who received one or more degrees may only be counted once.)			
Institution Set Standard	N/A	N/A	114
Stretch Goal	N/A	114	151
Actual Performance	114	79	102
Difference between Standard and Performance	N/A	N/A	-12
Difference between Stretch Goal and Performance	N/A	-35	-49
Analysis of the data: The College shows a decrease in degree completion between the 2014 and 2015 reporting periods; however, the trend is upwards as shown by the 2016 reporting period. It is in the 2016 report, that the College first identified an institutional set standard for this metric. As part of the			

RESPONSE TO TEAM RECOMMENDATIONS FOR IMPROVEMENT AND DATA TREND ANALYSIS

IEPI Indicator Rates reporting to the California Community Colleges Chancellor's Office (CCCCO), the College has identified an overall Career Technical Education Rate (completion) of 39.7% in the short-term (1 year), and 43.7% in the long-term (6 year) as a goal. The College has also identified a Completion Rate for those Underprepared for College as an area of focus, looking to improve completion for this group to 30.8% in the short term (1 year), and to 33.1% in the long-term (6 year). Due to the large number of CTE and underprepared students, the College anticipates efforts in these areas to positively impact the overall completion rate.

Category	Reporting years		
	2014	2015	2016
CERTIFICATE COMPLETION			
(Students who received one or more certificates may only be counted once.)			
Institution Set Standard	N/A	N/A	47
Stretch Goal	N/A	47	48
Actual Performance	227*	180*	247*
Difference between Standard and Performance	N/A	N/A	200
Difference between Stretch Goal and Performance	N/A	133	199

Analysis of the data:

As noted above, the College has identified an overall Career Technical Education Rate (completion) of 39.7% in the short-term (1 year), and 43.7% in the long-term (6 year) as a goal, and a Completion Rate for those Underprepared for College as an area of focus, looking to improve completion for this group to 30.8% in the short term (1 year), and to 33.1% in the long-term (6 year). Again, but focusing on these areas, the College hopes to demonstrate the positive effect of institutional improvements over the past two years. *It should be noted that Actual Performance totals reflected above include all certificate completions, regardless of whether they are financial aid eligible leading to gainful employment. Future reporting will limit totals to financial aid eligible programs. Using this definition, the Actual Performance for the 2014-2015 year shows 49 students received one of more certificates, exceeding both the institutional set standard and the stretch goal.

RESPONSE TO TEAM RECOMMENDATIONS FOR IMPROVEMENT AND DATA TREND ANALYSIS

Category	Reporting years		
	2014	2015	2016
TRANSFER			
Institution Set Standard	N/A	N/A	N/A
Stretch Goal	N/A	N/A	N/A
Actual Performance	14	41	66
Difference between Standard and Performance	N/A	N/A	N/A
Difference between Stretch Goal and Performance	N/A	N/A	N/A
<p>Analysis of the data: Transfers to 4-Year Institutions was added to the IEPI Indicator Rates in 2016 for reporting to the California Community Colleges Chancellor's Office. While performance over the past five years was presented, this was for information purposes only, and did not request that goals be developed in this area. The Chancellor's Office has gradually requested additional goals over the past two iterations of the report, and it is expected that the reporting requirements will eventually align with ACCJC reporting requirements. The College will evaluate its performance with regard to Transfer, and look to establish institution set standards and stretch goals accordingly.</p>			

STUDENT LEARNING OUTCOMES ASSESSMENT			
	2014	2015	2016
Number of Courses	500	491	552
Number of courses assessed	249	397	415
Number of Programs	46	15	37
Number of Programs assessed	43	15	37
Number of Institutional Outcomes	8	8	8
Number of outcomes assessed	N/A	8	8
<p>Analysis of the data: The data illustrate the collaborative efforts of the various college constituencies in meeting ACCJC Standards relevant to the regular assessment of student learning outcomes. Not only does the College system in place to collect and store the information collected through Flex Day activities and department/division meetings, but is also currently implementing the eLumen platform, through which the College will be better equipped to support and monitor the collection and analysis of student learning outcomes at all levels. The Program Review committee has completed a revised Program Review Guide (TA.6) and related program review templates (TA.6, pp. 10-25) that ensures SLOs are an integral part of the program review process. eLumen will also assist in the integration of SLO assessment and program review.</p>			

RESPONSE TO TEAM RECOMMENDATIONS FOR IMPROVEMENT AND DATA TREND ANALYSIS

LICENSURE PASS RATE

(Definition: The rate is determined by dividing the number of students who passed the licensure examination divided by the number of students who took the examination)

Program Name	CIP Code	Institution Set Standard	Actual Performance			Difference			Stretch Goal	Difference		
			2014	2015	2016	2014	2015	2016		2014	2015	2016
Vocational Nurse	51.39	62	62.5	33	30	.5	-31	-32	N/A	N/A*	N/A*	N/A*

Analysis of Data:

In 2014, 2015, Phlebotomy and Nursing Assistant programs were listed. However, in keeping with the definition of providing institution set standards for programs which are financial aid eligible leading to gainful employment, only pass rates for programs meeting that definition were included in 2016, which led to omitting the Nursing Assistant and Phlebotomy programs. The institutional set standard was initially set up to reflect the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) standard that pass rates be no less than 10% below the state's average pass rate for any given quarter. The institutional set standard is to meet the required pass rates as mandated by the BVNPT. The stretch goal, which has yet to articulated, is to exceed the state average pass rate. Due to a low pass rate, the Vocational Nursing program was placed on provisional enrollment status, and was instructed to remedy 12 violations identified during an unannounced site visit in December 2014. The College has made significant progress as evidenced by the increase in pass rates over the past six quarters, and currently stands at a 100% Average Annual Pass Rate as shown in the most recent report by the appointed Education Consultant to the BVNPT ([TA.7](#)). The College has addressed 11 of the 12 violations, and believes that it will fully comply with the BVNPT by the fall of 2017. As a result of the accomplishments realized while under Provisional Enrollment status, the College believes that it will continue to exceed state pass rate standards.

RESPONSE TO TEAM RECOMMENDATIONS FOR IMPROVEMENT AND DATA TREND ANALYSIS

JOB PLACEMENT RATE

(Definition: The placement rate is defined as the number of students employed in the year following graduation divided by the number of students who completed the program.)

Program Name	CIP Code	Institution Set Standard	Actual Performance			Difference			Stretch Goal	Difference		
			2014	2015	2016	2014	2015	2016		2014	2015	2016
Business Management	52.02	46.32	N/A	14.94	6.38	N/A	-31.38	-36.94	N/A**	N/A	N/A	N/A
Welding Technology	48.05	46.32	N/A	54.17	81.25	N/A	7.85	34.93	N/A**	N/A	N/A	N/A
Automotive Technology	47.06	46.32	N/A	61.54	N/A	N/A	14.48	N/A*	N/A**	N/A	N/A	N/A
Vocational Nursing	51.39	46.32	N/A	66.67	85.00	N/A	20.35	38.68	N/A**	N/A	N/A	N/A
Child Development/Early Care and Education	19.07	46.32	N/A	65.52	73.91	N/A	19.20	27.59	N/A**	N/A	N/A	N/A
Alcohol and Drug Studies	51.15	46.32	N/A	36.96	12.50	N/A	-9.36	-33.86	N/A**	N/A	N/A	N/A
Criminal Justice/Administration of Justice	43.01	46.32	N/A	100	75.00	N/A	53.68	28.68	N/A**	N/A	N/A	N/A

Analysis of Data:

*Automotive Technology had less than 10 completers for the 2013-2014 academic year, therefore the results were omitted on the 2016 Annual Report. **The College has not yet identified individual stretch goals for placement. That said, the College has recently entered into a regional Strong Workforce Program plan ([TA.8](#)) in which the goals are to increase placement for Career Technical Education by hiring placement coordinators throughout the region. This plan has been approved, implementation will begin soon. Additional local and regional plans are aimed at both increasing and improving career technical education programs. One of the local plans submitted under the Strong Workforce Program aims to improve existing programs (e.g. automotive, welding, and building construction trades), which would then lead to improved placement outcomes. It is important to note that the bulk of students enrolled in the Alcohol and Drug Studies and Business Management programs are incarcerated students, and therefore employment is contingent upon their release from prison.

RESPONSE TO TEAM RECOMMENDATIONS FOR IMPROVEMENT AND DATA TREND ANALYSIS

Annual Fiscal Report Data

Category	Reporting year		
	2014	2015	2016
<u>General Fund Performance</u>			
Revenues	12,822,850	13,309,568	16,966,784
Expenditures	12,136,304	13,451,390	15,068,068
Expenditures for Salaries and Benefits	8,585,098	9,192,039	10,033,509
Surplus/Deficit	686,546	141,822)	1,898,716
Surplus/Deficit as % Revenues (Net Operating Revenue Ratio)	5.35%	(1.07%)	11.19%
Reserve (Primary Reserve Ratio)	17.36%	14.61%	25.64%
<p>Analysis of the data: The steady increase in revenue is attributed to growth and an increase in base funding. In 2015, the district deficit spent to repay employees for cuts taken during our financial crisis in 2011-12 through 2013-14. The significant increase shown in 2015-16 relates to the receipt of one-time funds, which is restricted for one-time expenses. Part of the reserve is due to the Chancellor's Office Accounting Advisory: CCFS-311 Pension Costs. This advisory suggests a plan for the future related to the increasing costs of CalPERS and CalSTRS. The district is budgeting at the higher rates for both CalPERS and CalSTRS systems, using the difference for some one-time expenses if needed and setting the balance aside for future costs.</p>			
<u>Other Post Employment Benefits</u>			
Actuarial Accrued Liability (AAL) for OPEB	1,555,904	1,555,904	1,274,465
Funded Ratio (Actuarial Value of plan Assets/AAL)	0%	0%	0%
Annual Required Contribution (ARC)	84,903	159,352	133,116
Amount of Contribution to ARC	158,435	175,626	172,191
<p>Analysis of the data: The district has opted to use the pay-as-you-go basis as allowed. We do however plan to contribute should the pay-as-you-go ever drop below the ARC.</p>			
<u>Enrollment</u>			
Actual Full Time Equivalent Enrollment (FTES)	1,401	1,921	2,056
<p>Analysis of the data: The district has been capturing growth for the past 3 years with a goal to be slightly over the funded level.</p>			
<u>Financial Aid</u>			
USDE official cohort Student Loan Default Rate (FSLD - 3 year rate)	0%	0%	0%

RESPONSE TO TEAM RECOMMENDATIONS FOR IMPROVEMENT AND DATA TREND ANALYSIS

Analysis of the data:

The district doesn't participate in student loans.

Supporting Evidence/Documentation

- TA.1 [Annual Report 2014](#)
- TA.2 [Annual Report 2015](#)
- TA.3 [Annual Report 2016](#)
- TA.4 [IEPI Indicator Rates 2015](#)
- TA.5 [IEPI Indicator Rates 2016](#)
- TA.6 [Program Review Guide](#)
- TA.7 [Palo Verde College Vocational Nursing Program Board Report](#)
- TA.8 [Strong Workforce Program Master Agreement](#)

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Response to Self-Identified Improvement Plans

As part of the Report of the Institutional Self-Evaluation for Reaffirmation of Accreditation, submitted to the Accrediting Commission for Community and Junior Colleges on January 10, 2014 ([IP.1](#)), the College included College Action Plans within the various standards. These action plans, along with an update on the progress made by the College, are incorporated within the following chart. In order to promote clarity, and better direct the College's response to its self-identified action plans, the action plans have been consolidated from over 100, down to approximately 43. Many of these action plan statements were redundant and lacked measurable and/or meaningful outcomes.

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
I.A.	<i>The College will continue to follow the established practice of review and publication of the mission statement.</i>	The most recent revision of the Mission Statement occurred Fall 2015. The review process provided the campus community the opportunity to comment on the revised version. Comments were reviewed and, where appropriate, incorporated into the final version. The Mission Statement was approved by the Board of Trustees January 9, 2016. Review and update of the Mission Statement takes place every three years, as outlined in the	Review and comment on the Mission Statement, approved most recently by the Board of Trustees January 9, 2016, included broad campus participation. The Mission Statement appears in many campus publications and documents, including, but not limited to, the College Catalog, Schedule of Classes, Comprehensive Master Plan (IP.2) and college website. The next review of the Mission Statement will be September 2018, as outlined in

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
		PVC Integrated Planning Manual, page 9.	the PVC Integrated Planning Manual, page 9 (IP.3).
	<i>The College will maintain the centrality of the Mission Statement and Integrated Strategic Plan in institutional planning and decision-making.</i>	The revised Mission Statement is recognized as central to all planning and decision-making processes and appears in key campus publications	The Mission Statement appears in many key campus publications and documents, including, but not limited to the College Catalog, Schedule of Classes, Comprehensive Master Plan and college website.
I.B.	<i>The College will continue all the activities in which it is engaged as far as learning assessment is concerned: Flex Day discussions about student learning, program review assessments of SLOs, requirements for SLOs in course outlines-of-records and syllabi, inclusion of SLO assessment component in faculty job appraisals, refining student learning outcomes and assessments methodologies and evaluating action plans for improvement at the levels of courses, degrees and certificates,</i>	Beginning Fall 2014, as described in the current Midterm Report, page 8, the College implemented new forms on which to capture SLO data for course, program, and institutional outcome levels, as well as data for student support programs. The College also revised Program Review templates (IP.4 , pp. 10-25), adding provisions for embedding SLO data for courses and programs. A further improvement to the SLO process was to require SLO analysis by instructional delivery modes:	The results of the SLO assessment process are reported in detail in the current report, page 8. The College continues to refine its process for SLO assessments, having recently purchased the eLumen system to facilitate SLO data collection, analysis and storage. The College expects eLumen to be implemented Fall Semester 2017.

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
	<i>learning support programs and institutional outcomes.</i>	face-to-face, correspondence and online. Time has been set aside during Flex Days during each of the preceding four semesters to allow faculty the opportunity to review SLO data and to engage in dialog to produce improvements in student learning.	
	<i>The College will continue its long-standing practice of planning, implementing, and evaluating College projects, and will formalize the process in a written document, tentatively titled "Shared Planning and Decision Making Handbook."</i>	Beginning Fall 2014, the College began work on a planning manual that would outline processes for systematic review and evaluation of key College processes.	The College completed the PVC Integrated Planning Manual, March 6, 2015 (IP.3). The Manual outlines steps for review and evaluation of key institutional processes, namely, mission statement, master plan, strategic plan, program review, and resource allocation.
	<i>The College will continue its efforts in reviewing the planning and resource allocation processes, and modify them where needed.</i>	The College's Mission Statement was revised and approved in early 2016; the Master Plan was completed and published in 2016	The College is following the procedures and timelines, outlined in the PVC Integrated Planning Manual, for ongoing evaluation and

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
		<p>(IP.2); program review reports now include SLO data and are being completed in accordance with the schedule incorporated in the Program Review Guide (IP.4); budget and resource allocation processes are systematized and publicized.</p>	<p>improvement of key College processes. A Strategic Planning Ad Hoc Committee has been formed in order to produce a revised three year Strategic Plan. This can be evidenced within the BPC meeting presentations (IP.5) and the integration of the new forms (IP.6) to provide a clearer link between budgeting, program review, and integrated planning.</p>
II.A.	<p><i>The College will continue with the SLO assessment processes it has initiated, namely, identifying, measuring, and implementing improvements that produce student learning at the levels of courses, degrees, certificates, learning support programs, and institutional outcomes level.</i></p>	<p>As described above in the response to the Standard 1.B Actionable Improvement Plan, and in detail on page 8 of the current Midterm Report, the College continues to improve its processes for SLO assessment.</p>	<p>The College is working with the SLO Committee, Academic Senate, Program Review Committee and other campus committees to further refine the process of SLO assessments. Refinements include implementing eLumen and developing a schedule detailing the frequency of future SLO assessments.</p>

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
	<p><i>Maintain the existing processes of program review and Curriculum Committee oversight of all instructional programs.</i></p>	<p>The Program Review Committee, with campus-wide concurrence, revised the Program Review Guide (IP.4), which includes revised templates and schedules, in Fall 2015 (IP.4, pp. 10-25). The revisions provide better focus in the reports on degree and certificate programs and on SLO data and analysis. There have been no significant changes in the curriculum review process conducted by the Curriculum Committee and Technical Review Committee. Some minor technical corrections were made to the course outline of record template.</p>	<p>The revised program review templates and schedules have been in place for nearly two years. Program Review Committee members continue to assist faculty members in collecting SLO data, enrollment and completion data as part of the program review report. The curriculum review process continues to function effectively, with only minor changes in the past year to the course outline of record template.</p>
	<p><i>Continue the practice of validating results of the basic skills assessment</i></p>	<p>The College is anticipating conversion of the placement process</p>	<p>The College is ready to implement the statewide Common Assessment</p>

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
	<p><i>test with participation of faculty members.</i></p>	<p>to a statewide Common Assessment system. The conversion was scheduled to take place in Fall 2017, but was temporarily delayed by the Chancellor’s Office. In the meantime, to maintain the integrity of the College’s placement process, the College Librarian, who supervises placement testing, regularly consults with faculty to ensure the validity of the current placement process.</p>	<p>system as soon as the Chancellor’s Office gives the go-ahead. In the meantime, the current Accuplacer system will be monitored through consultation by the College Librarian with appropriate faculty.</p>
	<p><i>The college will continue its current vocational practices in teaching students technical competencies that will prepare them for employment and external licensure and certification.</i></p>	<p>Vocational, or Career and Technical Education (CTE) programs maintain ongoing rigor by completing program review updates every two years, and comprehensive reports every four years, by consulting regularly with industry-based advisory groups; and by staying in</p>	<p>The College administration is working closely with appropriate faculty to find ways to improve job placement rates in certain CTE areas by looking at industry recognized certifications, and, specifically, in improving pass rates in vocational nursing (see analysis on page 9 of this Midterm Report).</p>

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
		compliance with state and regional boards and organizations.	
II.B.	<i>The College will continue its current practices in maintaining equitable access for all students to support services regardless of location or mode of delivery through its monitoring.</i>	In 2014, the College submitted, and received Chancellor’s Office approval of, the Student Success and Support Program (SSSP) plan (IP.7), identifying goals that would enhance support services to students in all locations, regardless of mode of delivery. The College also received Chancellor’s Office approval for the Student Equity Plan (IP.8). Both plans ensure equitable access to learning support for all students, regardless of their location or mode of delivery.	The SSSP plan and Equity Plan are fully implemented, with a full-time Student Success Coordinator in place to manage the programs. Emphasis is on providing equitable student support in orientation, assessment, counseling, advising and education program planning, as well as funding for learning materials (with emphasis on incarcerated students), increased tutoring, and development of a digital education plan. In efforts to provide greater access to tutoring, the College has subscribed to Brainfuse, an online tutoring service. The purpose of these increased services is to ensure equitable support services for all

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
			students, regardless of their location or mode of delivery.
	<i>The College will continue with its current practices and policies to support students' understanding and appreciation of diversity.</i>	The College continues its longstanding practice of regularly sponsoring campus programs and events that celebrate diversity.	The College regularly supports Cinco de Mayo, Black History Month and Women's Day, along with other events, as part of its celebration of campus diversity.
	<i>Continue the current practice of evaluating admissions and placement policies and improving upon them.</i>	Admissions policies and practices are developed by the Student Success and Support Program (SSSP) and Student Equity (SE) Committee. Course placement policies and procedures are developed through SSSP/SE Committee, which includes the College Librarian and Academic Counselors. Both of these services are reviewed and evaluated for compliance with Title 5 regulations	Admissions and placement policies and practices continue to improve as a result of implementation of our Student Success and Support Program and Student Equity plans. The College is investigating the increased use of multiple measures for placement into math and English courses, in addition to participation in the development of the Common Assessment instrument being developed by the

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
		<p>on an ongoing basis. Policies and practices of these (and other) College functions are evaluated informally in committee meetings and other settings throughout the school year.</p>	<p>California Community Colleges Chancellor’s Office.</p>
	<p><i>The College will keep the various processes in place that regularly evaluate the effectiveness of student support services, emphasizing the ongoing assessment of student learning outcomes in all aspects of student services.</i></p>	<p>The College continues its longstanding practice of program review as part of the process of continuous improvement. The most recent revision to the program review templates is the inclusion and analysis of SLO data, as outlined in the Program Review Guide (IP.4).</p>	<p>In the area of student support services the Program Review Committee most recently approved program review reports in Counseling (2015) (IP.9), DSPS (2015) (IP.10), and EOPS (2014)(IP.11).</p>
<p>II.C.</p>	<p><i>The College librarian will continue current practices in maintaining ongoing contact with faculty and other learning support professionals in the acquisition and use of</i></p>	<p>The library, together with other departments, such as Information Technology, are evaluating current practices in maintaining and</p>	<p>The librarian notifies faculty when there are funds available to purchase items for the library and asks for input from faculty (IP.12). Also, before weeding</p>

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
	<i>educational support materials and equipment.</i>	securing instructional materials and equipment under their control.	material, she asks faculty to look over their subject areas to see what they wish to keep available for students in the library collection. The Librarian has reviewed the equipment inventory, surplusing equipment that is older or unused.
	<i>The College, through its library services will continue to provide ongoing instruction to students and others in information competency.</i>	The College Librarian consults frequently with faculty to ensure they and their students are aware of the various services are available through the college library; she conducts classroom presentations on information competency concepts and presents at Flex Day meetings. Library policies and practices are evaluated in program review, as well [see Library Program Review Report 2014 (IP.13)].	Examples illustrating the College Librarian's efforts to apprise faculty and students of library services are: Flex Day presentations (IP.14), classroom seminars (IP.15) and program review (IP.13).

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
	<p><i>The Librarian will continue current practices in evaluating the effectiveness of learning support services, will continue to measure and evaluate student learning outcomes, and will use the results of such evaluations to continuously improve services.</i></p>	<p>The College Librarian conducts periodic surveys of faculty and students to evaluate library services. The Librarian also produces a program review report on library services every four years.</p>	<p>The Library Program Review report (2014) (IP.13)</p>
<p>III.A.</p>	<p><i>The College will continue to evaluate staffing needs, recognizing that it must provide sufficient support services while abiding by strict budget limits.</i></p>	<p>Staffing needs are continuously evaluated in all departments of the campus, as evidenced in program review reports and annual budget requests.</p> <p>The District has evaluated the needs of the college using various methods to determine the level of service required along with the workload of the individuals within the department to fill the positions as funding has increased.</p>	<p>The District has filled key positions such as the Dean of Instruction and Student Services, Director of Fiscal Services, Payroll Technician and new faculty positions.</p>

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
	<p><i>Fulfill the terms of the Memorandum of Understanding between the District and CTA, by making revisions to the adjunct faculty evaluation process by December 2013, and the revisions to full-time faculty evaluation process by December 2014.</i></p>	<p>In accordance with the Memorandum of Understanding (MOU) between the District and CTA (IP.16), the performance evaluation process and accompanying forms were revised for adjunct and part-time faculty members by the agreed-upon date.</p>	<p>The revised process and accompanying forms for evaluating full-time and adjunct faculty have been implemented following the ratification of the December 2014 MOU. The revisions include, among other changes, expanded sections on student learning outcome assessment practices. Final work on the adjunct instructor Professional Development Disclosure Statement remains to be done, and will be completed in 2017.</p> <p>Faculty evaluations are part of the annual cycle of events occurring on campus. The process and procedures are reviewed and updated regularly.</p>

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
	<p><i>The College will continuously review and update all College policies, including policies governing human resources administration, and continue to publish them on the College website.</i></p>		<p>The District upgraded to BoardDocs January 2016. The policies and procedures have been on the website, but are now being moved to BoardDocs to make searching them easier.</p>
	<p><i>The College will continue to assess regularly its record in employment equity and diversity consistent with its Mission and other College policies and practices.</i></p>	<p>The Human Resources Department maintains records demonstrating equity and diversity in job searches.</p>	<p>The District has an EEO committee responsible for review and advising on equity and diversity matters within the college community related to recruitment and hiring (IP.17).</p>
	<p><i>The College will continue with its current practices in professional development programs and opportunities.</i></p>	<p>In 2016, the Budget Planning Committee revised its resource allocation policy for professional development activities, including conferences and training. The BPC now provides a set amount of annual funding to each division,</p>	<p>The District has continued professional development programs. Faculty training has included speakers on various topics and additional funding for individual professional development pursuits, with</p>

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
		<p>asking division faculty to decide how to utilize professional development funds for division faculty.</p>	<p>decisions on utilizing annual professional development funds left to division faculty.</p> <p>In fall of 2015 and 2016, the Vice President of Administrative Services has orchestrated a Leadership Institute for management, confidential employees, and administration (IP.18 and IP.19).</p>
<p>III.B.</p>	<p><i>The college will continue its current practices in the areas of maintaining existing buildings, grounds, and equipment, encouraging personnel recommendations on safety and maintenance issues, constructing new facilities and planning academic programs and support services for the new facilities. The College is considering combining the Facilities Task Force and Security Task Force</i></p>	<p>The District created a new Comprehensive Master Plan (CMP), which includes a facility master plan. The District combined the Facilities Committee with the Security Task Force Committee.</p>	<p>The combined Facilities Committee and Security Task Force Committee updated the Emergency Response Plan, provided training for emergency scenarios, CPR training, and installed AED devices.</p>

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
	<i>into a single committee since both have very similar purposes.</i>		
	<i>The College will continue its current practices in providing facilities that support the quality and integrity of its instructional programs and support services.</i>	During the creation of the Facilities Master Plan portion of the CMP, areas were identified that could be improved to help with improving the quality of instruction and improved services to students.	The expected completion date on the instructional improvements is August 2017. The expected completion date of the student services improvements is December 2017.
	<i>The College will continue with its current processes in planning for and evaluating facilities use, continuously seeking ways to improve those processes.</i>	See above.	See above.
	<i>The College is in the process of meeting this standard. To do an effective job in cost projections, the College is integrating construction planning with instructional program and support planning more effectively. Such integrated planning</i>	As part of any allocation request, the Total Cost of Ownership (TCO) is required.	Because of TCO requirement, the District is better prepared for changes, and accommodates those changes to the budget, policies, and procedures.

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
	<p><i>is evident in the discussions and actions of the College Council/Strategic Planning Steering Committee, Budget Committee and Full Administrative Council.</i></p>		
III.C.	<p><i>The IT department will continue to provide sufficient levels of technology support for teaching, learning, communications, research, and operations while working with key College personnel.</i></p>	<p>The IT department routinely visits office and classrooms to check for the need of assistance, to offer or provide assistance, make repairs, and provide software and/or equipment updates for staff and faculty.</p>	<p>The College, through the IT department, has implemented the conversion to Colleague starting with student records, financial aid, state reporting, and online services for students. The current arrangement with the Riverside County Superintendent of Schools for financial reporting has continued.</p>
	<p><i>The IT department will develop a plan for the systematic addition and replacement of technology equipment.</i></p>	<p>The IT department has had a long-term plan of replacing equipment on a 4-year cycle.</p>	<p>During the fiscal downturn and budget cuts, replacement of equipment was delayed. The IT department has begun implementing Thin Clients in order to reduce the cost of desktop replacement which will help reduce</p>

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
			costs and minimize the impact of any future downturns in the economy.
III.D.	<i>The College will continue with its current budgetary practices, with emphasis on ongoing review and self-evaluation in order to continuously improve.</i>	Each fiscal year begins with a review of the previous year to seek areas of improvement.	The Budget and Planning Committee (BPC) reviews its practices each fall to ensure improvement of services. Funding has provided for a BPC member to attend the annual Governors Budget Workshop in January of each year in order to provide multiple perspectives on the budgeting process.

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
	<p><i>The College will continue its current practices in integrating financial planning with other College plans.</i></p>	<p>The BPC has members on planning committees to stress the impact on the finances and bring the thoughts and challenges of other committees back to the BPC to discuss.</p>	<p>Resource allocation forms (IP.6) are continuously updated to better align with other plans. To ensure a clearer understanding of the integration of all plans, the documents are under continuous review.</p>
	<p><i>The College will continue its practice in making provisions for long-term obligations in its financial planning, while seeking new FTES revenue sources.</i></p>	<p>The BPC has a practice of budgeting all fixed costs first to determine the amount of discretionary funds remaining. While the current FCMAT recommendation only considers salaries and benefits in the 85% calculation, the district includes its long term debt payments in that calculation as well.</p> <p>The District and BPC frequently review new income possibilities.</p>	<p>The BPC is engaged in long-term planning.</p>

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
	<p><i>The College will continue its current practices in maintaining stable cash flow, adequate insurance coverage, and adequate preparation for unforeseen occurrences.</i></p>	<p>The Board of Trustees instructed the BPC to plan for and achieve a 12% minimum reserve.</p>	<p>The District's cash flow has been sufficient for the past 3 years. The District plans for a higher reserve in preparation of possible delays in funding.</p>
	<p><i>The College will continue its current practices in providing continuous, responsible oversight of the various grant, externally-funded, auxiliary and fund-raising programs and services described in the standard.</i></p>	<p>The College provides the oversight through training and assistance for the program manager and review of all budget or spending documents.</p>	<p>Responsible oversight has occurred as demonstrated in annual audit reports.</p>
	<p><i>The College will continue to review its financial management practices through various means, including program review, independent audits and the recommendations of other College personnel.</i></p>	<p>The BPC and Administrative Services reviews its internal practices and makes changes to accommodate, where applicable, changes recommended by outside staff and faculty.</p>	<p>The BPC is open to all. The meetings are held during the faculty non-teaching hours on Thursday in order to provide the opportunity for all thoughts, comments and recommendations to be considered.</p>

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
IV.A.	<i>The College will continuously improve ethical and effective leadership throughout the organization. The Board of Trustees and Superintendent/President and administrators formulate annual goals and make them known to the College community.</i>	The PVC Governing Board of Ethics (BP 2715) is included in the agenda attachments of every meeting of the Board, making the document available to everyone. The Superintendent/President and the Board of Trustees formulate annual goals each December and publish them.	The 2016-17 Goals of the Superintendent/President and Board of Trustees were approved by the Board of Trustees at its regular meeting on December 13, 2016 (IP.20).
	<i>The College will continue its implementation of written policies on collegial governance and principles, and will complete the “Shared Planning and Decision Making Handbook.”</i>	Beginning Fall 2014, the College began work on a planning manual that would outline processes for systematic review and evaluation of key College processes.	The College completed the PVC Integrated Planning Manual, March 6, 2015 (IP.3). The Manual outlines steps for review and evaluation of key institutional processes, namely, mission statement, master plan, strategic plan, program review, and resource allocation.
	<i>The College will continue its current practices in reviewing and evaluating leadership and governance practices, and where</i>	Institutional Goals, 2016-18, provide for the College to: “Ensure the effective and efficient provision of instructional, student support, and operational programs and	See Institutional Goals 2016-18 (IP.21); program review matrix listing non-instructional programs scheduled for program review [Appendix A of the Program Review

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
	<i>necessary, implementing improvements.</i>	services by qualified faculty, staff, and managers, through a deliberate model of human resource management.” (Goal 10) This overarching goal is implemented in at least two ways: program review for non-instructional programs and services and regular performance evaluations of staff and administrators.	Guide (IP.4); and BP/AP 7262 Administrative/Management Evaluations, outlining the process for conducting performance evaluations of administrators and managers.
IV.B.	<i>Continue periodic review and, where needed, update of Board Policies and Administrative Procedures.</i>	Consistent with long-standing practice and, specifically, with the Board of Trustees 2016-17 Performance Goals and with AP 2429-PVC, the Board reviews and updates College policies when updated or as required by code.	The College subscribes to the Community College League of California Policy and Procedure Services. The Executive Assistant to the President/Board of Trustees, provides campus leadership with updates received from the service for review and subsequent approval by the Board. The Board of Trustees “reviews and approves policies when updated or as required by code.” [2016-17 Board of Trustees

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
			Performance Goals (IP.22]. AP 2429-PVC (IP.23) requires the Board “to determine the policies that will govern the operation of the District and to review them periodically.”
	<i>The Board of Trustees has effective programs of new-member orientation and professional development and will maintain these practices. The Board will also follow its policies governing continuity of Board members and the filling of unexpected vacancies.</i>	The Board of Trustees has long had policies in place governing new-member orientation, member professional development and the filling of unexpected vacancies, and has consistently adhered to those policies in practice.	New board member orientation (IP.24) takes place following elections, and is held just prior to members taking the oath of office. Board members are afforded opportunities for professional development through the Community College League of California and the Association of Community College Trustees (IP.25).
	<i>The Board of Trustees will continue its annual practice of self-evaluation as part of the overall process of improving performance.</i>	Board self-evaluation is a long-standing College policy that has remained consistently in practice as part of the overall process of improvement.	See BP 2745 Board Self-Evaluation (IP.26). The most recent Board Self-Evaluation was completed in November of 2016 (IP.27)

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
	<p><i>The College will continue its current practices in supporting the Board of Trustees in their authority to select and evaluate the Superintendent/President, to delegate certain powers and duties to the Superintendent/President and to hold him accountable for the administration of those powers and duties.</i></p>	<p>The Board of Trustees has long had policies in place dealing with support for the Superintendent/President, delegation of powers and duties to the Superintendent/President, and holding the Superintendent/President, accountable for those powers and duties. The Board has consistently adhered to those policies in practice.</p>	<p>See BP/AP 2430 Delegation of Authority to Superintendent/President (IP.28)</p> <p>BP/AP 2431 Superintendent/President Selection (IP.29); BP 2432 Superintendent/President Succession (IP.30). The succession policy is currently under review in order to reflect organizational and title changes.</p>
	<p><i>The College will continue its current practices in supporting the Superintendent/President as the key leader of the College, whose responsibilities include upholding the College mission, administering policies on behalf of the Board of Trustee, and ensuring the quality of the College and its programs and services.</i></p>	<p>The College continues to support the Superintendent/President in all his duties and responsibilities as the key leader of the College, as evidenced by the policies and practices of the College that sustain and affirm the powers and authorities of the office.</p>	<p>See BP/AP 2430 Delegation of Authority to the Superintendent/President (IP.28); BP 2429-PVC Board Authority (IP.23)</p>

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
	<p><i>The Superintendent/President, by virtue of his active support of collegial governance, research, integrating educational planning with resource planning, and ongoing evaluation as the basis for making improvements, enables the College to achieve this standard.</i></p>	<p>The Superintendent/President actively supports collegial governance, research, educational planning and ongoing evaluation for improvement, as evidenced by the annual goals established by the current Superintendent/President and by a sampling of recent accomplishments.</p>	<p>See 2016-17 Goals of the Superintendent/President (IP.20)</p> <p>In terms examples of specific accomplishments, the Superintendent/President presides over meetings of the College Council (PVC's key collegial governance organization); authorized creation of the Director of Research position; developed the Integrated Planning Manual (IP.2); authorized the writing of the Comprehensive Master Plan (IP.1); and is currently working with College personnel on an update of the Strategic Plan.</p>

Supporting Evidence/Documentation

- IP.1 [Report of the Institutional Self-Evaluation for Reaffirmation of Accreditation January 10, 2014](#)
- IP.2 [Comprehensive Master Plan](#)
- IP.3 [Integrated Planning Manual](#)
- IP.4 [Program Review Templates](#)
- IP.5 [BPC Meeting Minutes](#)

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

- IP.6 [BPC Resource Allocation Forms](#)
- IP.7 [Student Success and Support Program Plan](#)
- IP.8 [Student Equity Plan](#)
- IP.9 [Counseling Program Review 2015](#)
- IP.10 [DSPS Program Review 2015](#)
- IP.11 [EOPS Program Review 2014](#)
- IP.12 [Library Resources Email](#)
- IP.13 [Library Program Review 2013](#)
- IP.14 [January 2017 Flex Days Trainings](#)
- IP.15 [Classroom Pre/Post Test](#)
- IP.16 [December 2014 Memorandum of Understanding – Evaluations](#)
- IP.17 [AP 3420](#)
- IP.18 [September 9-11, 2015 Leadership Institute](#)
- IP.19 [September 7-9, 2016 Leadership Institute](#)
- IP.20 [2016-2017 Superintendent/President Goals](#)
- IP.21 [Institutional Goals 2016-2018](#)
- IP.22 [Board of Trustees Performance Goals 2016-2017](#)
- IP.23 [AP 2429](#)
- IP.24 [New Board Member Orientation and Oath of Office](#)
- IP.25 [ACCT Governance Leadership Institute](#)
- IP.26 [BP 2745](#)
- IP.27 [Board of Trustees Evaluation](#)
- IP.28 [BP/AP 2430](#)
- IP.29 [BP/AP 2431](#)
- IP.30 [BP 2432](#)

RESPONSE TO SELF-IDENTIFIED IMPROVEMENT PLANS

IP.31 Additional Evidence/Documentation

- A.1 [Palo Verde College Commission Action Letter July 8, 2016](#)
- A.2 [Report of the Institutional Self-Evaluation for Reaffirmation of Accreditation January 10, 2014](#)
- A.3 [ACCJC Annual Reports 2014](#)
- A.4 [ACCJC Annual Reports 2015](#)
- A.5 [ACCJC Annual Reports 2016](#)
- A.6 [Palo Verde College Follow-Up Visit Team Report May 11, 2015](#)
- A.7 [Palo Verde College Follow-Up Visit Team Report March 16, 2016](#)
- A.8 [Palo Verde College External Evaluation Team Report April 11, 2014](#)
- A.9 [October 14, 2016 Institute Day Presentation](#)
- A.10 [Draft Midterm Report Table of Contents](#)
- A.11 [Requirements and Format for Midterm Report](#)
- A.12 [2017 Midterm Report Preparation Timeline](#)
- A.13 [December 13, 2016 Board of Trustees Meeting Minutes](#)
- A.14 [January 24, 2017 Board of Trustees Meeting Minutes](#)
- A.15 [February 14, 2017 Board of Trustees Meeting Minutes](#)
- A.16 [January 24, 2017 College Council/Strategic Planning/Accreditation and Institutional Planning Steering Committee Meeting Minutes](#)
- A.17 [February 7, 2017 Full Administrative and College Council/Strategic Planning Steering Committee Meeting Minutes](#)
- A.18 [March 7, 2017 Full Administrative and College Council/Strategic Planning Steering Committee Meeting Minutes](#)
- A.19 [March 14, 2017 Board Action Items](#)