Los Angeles Mission College  
Comprehensive Program Review Validation Form

<table>
<thead>
<tr>
<th>Division</th>
<th>Lead Validator</th>
<th>Extension</th>
<th>Date</th>
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Validation Year: ____________

Validation Team: ____________

1. **What do you see as the main strengths of the comprehensive program review (CPR)?**

2. **What do you see as the areas most in need of improvement in the CPR?**

3. **To what extent does the CPR demonstrate support for the mission and goals of the college as a whole?**
4. To what extent is each of the following sections properly completed and up-to-date? If improvements are needed, specify them.
   a. Unit Effectiveness—SAOs

   b. The rest of the Unit Effectiveness sections

   c. Planning Assumptions and Assessment

   d. Unit Objectives and Resources
5. To what extent are there clear connections from useful evidence (including but not limited to SAO assessments) through meaningful analysis, sound improvement objectives, and relevant resource requests (if any)?

6. To what extent are recommendations from prior validation addressed effectively?

7. Commendations.
8. Recommendations

9. Responses to the validating team’s questions from the program director.