**FACULTY NEEDS ASSESSMENT APPLICATION**

**Fall 2019**

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| Name of Person Submitting Request: | |  |
| Program or Service Area: | |  |
| Division: | |  |
| Date of Last Program Efficacy: | |  |
| What rating was given? | |  |
| # of FT faculty | # of Adjuncts | Faculty Load **(per semester)**: |
| Position Requested: | |  |
| Strategic Initiatives Addressed: | |  |
| Needs Assessment Resources (includes Strategic Initiatives): | | <https://www.valleycollege.edu/about-sbvc/campus-committees/academic-senate/program-review/needs-assessment.php> |

1. Provide a rationale for your request. (Explain, in detail, the need for this position.)

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1. Indicate how the content of the department/program’s latest Efficacy Report and/or current EMP supports this request and how the request is tied to program planning. *(Directly reference the relevant information from your latest Efficacy Report and/or current EMP in your discussion.)*

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1. Indicate any additional information you want the committee to consider *(for example, course fill rates, regulatory information, compliance, updated efficiency, student success data, planning, etc.).*

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1. What are the consequences of not filling this position?

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