

**ANNUAL Program Review**

**Name of Program/Department/Service Area:**

**Name of Person Submitting this Review:**

**Date of Submission:**

**Management Area (check one):**  **Administrative Services**

**Instruction**

**Student Services**

**Next Year’s New Objectives (fiscal year 2022-23)**

In the box(es) below, describe the objectives and tasks planned for the 2022-23 year? (You may continue objectives from the prior year.)

Note on review process: criteria used in prioritization of requests include the overall financial impact of the request, whether or not the request represents an uncontrollable increase, the request’s impact on safety, the request’s impact on student attraction, the request’s impact on student success and retention, the request’s impact on student learning, the request’s impact on improving employee effectiveness, and the feasibility of the request.

Note on personnel requests: if your APR includes personnel requests you are required to complete an personnel requisition. Please contact Human Resources so they can help you create a personnel requisition that will be used to organize personnel requests. Requests should be sent to [hr@frc.edu](mailto:hr@frc.edu), the form can be found [here](https://www.frc.edu/humanresources/files/documents/Requisition%20Fillable.pdf).

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| **Objective 1:** | **Action Plan and timeline (include who is responsible):** |
| **Connection to results from assessment of student learning and/or other plans:** | **Resources/ Budget needed (if applicable):** |
| **If new resources are requested, address the following criteria:** | **Budget code -if applicable (include Fund, Organization, and Account codes):**  **Expected Outcomes:** |
| Uncontrollable Increase: | |
| Safety: | |
| New Student Attraction: | |
| Student Success and Retention: | |
| Relation to Student Learning: | |
| Support for employees to be effective: | |
| Feasibility: | |

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| **Objective 2:** | **Action Plan and timeline (include who is responsible):** |
| **Connection to results from assessment of student learning and/or other plans:** | **Resources/ Budget needed (if applicable):** |
| **If new resources are requested, address the following criteria:** | **Budget code -if applicable (include Fund, Organization, and Account codes):**  **Expected Outcomes:** |
| Uncontrollable Increase: | |
| Safety: | |
| New Student Attraction: | |
| Student Success and Retention: | |
| Relation to Student Learning: | |
| Support for employees to be effective: | |
| Feasibility: | |

If completing your program’s objectives will require resources from **IT, Facilities, or Professional Development** please include your request below. This section is for a **future need** (2022-23 fiscal year). If you have an immediate need (e.g., your computer is broken), contact the appropriate committee or administrator.

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| **Need** | **Resource Type** | **Rationale** (include connection to other plans) |
| *Example:* Staff training on effective written communication | Professional Development | See current year objective 2 |
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**Summary Update from Comprehensive Program Review**

Based on information and/or data provided:

1. Describe the current status of the Program/Depart/Service Area.

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1. Explain significant issues and/or changes that have occurred since the last comprehensive review.

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1. Briefly explain significant changes expected during the upcoming year.

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**Appendix**

Attach supporting documents as appropriate.