

**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**

**Assessment of Past Progress**

Describe your progress on your previous year’s (2017-18) objectives:

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| **Objective 1:** | **Summary of Progress:** |
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| **Objective 2:** | **Summary of Progress:** |
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**Current Year Progress and Objectives**

What objectives and tasks are you working on this year? (You may continue objectives from the prior year.)  
Will your allocated resources be sufficient given your objectives?

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| **Objective 1:** | **Action Plan (include who is responsible):** |
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| **Objective 2:** | **Action Plan (include who is responsible):** |
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**Next Year’s New Objectives (fiscal year 2019-20)**

What objectives and tasks will you take on for next year? (You may continue objectives from the prior year.)

Note: 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.

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| **Objective 1:** | **Action Plan (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):** |
| 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 (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):** |
| 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, Professional Development,** or **Additional Staff** please include your request below. This section is for a **future need** (next 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 |
| *Example:* One new clerical staff member | Additional Staff | See next year objective 3 |
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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.