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| **Department:** | | | |  | | | | | | | | | | | | | |  |
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| **Academic Year:** | | | |  | | | | | **Annual Update # 1** | | |  | **Annual Update #2** | | | |  |  |
|  | | | |  | | | | | | | | | | | |  | |  |
|  |  | | | | | | | | | | | | | | | | | |
| **1.** | **Progress on Service Area/Administrative Unit Outcomes (SAOs/AUOs)** *(from #3A of full PR)* | | | | | | | | | | | | | | | | | |
| **A)** | List the Service Area Outcomes (SAOs) or Administrative Unit Outcomes (AUOs) for your unit: | | | | | | | | | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | | | | | | | | | | |
| B) | Summarize the progress your unit has made on SAO/AUO measures since the last program review: | | | | | | | | | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | | | | | | | | | | |
| C) | Describe any improvements made by your unit as a result of the outcomes assessment process: | | | | | | | | | | | | | | | | | |
| *1. What did you learn from your evaluation of these measures?* | | | | | | | | | | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | | | | | | | | | | |
| *2. What improvements have you implemented as a result of your analysis of these measures?* | | | | | | | | | | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | | | | | | | | | | |
| 3. *What improvements do you plan\* to implement as a result of your analysis of these measures?  (\*List any resources required for planned implementation in #3: Resources.)* | | | | | | | | | | | | | | | | | | |
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| **2.** | | **GOALS AND OBJECTIVES** *(Taken From #9--Action Plan--of FULL Program Review)* | | | | | | | | | | | | | | | | |
|  | | **GOAL** | | | | **OBJECTIVE** | | | | | **ACTIONS/TASKS REQUIRED TO ACHIEVE OBJECTIVE** | | | | **OUTCOMES, MEASURES, and ASSESSMENT** | | | |
| **#1** | |  | | | | **#1** | |  | | |  | | | |  | | | |
|  | | **#2** | |  | | |  | | | |  | | | |
|  | | **#3** | |  | | |  | | | |  | | | |
| **Goal #1 Annual Update:** (Assess progress made toward goal attainment) | | | | | | | | | | | | | | | | | | |
| *(Type the update for Goal #1 in this box)* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | **GOAL** | | | **OBJECTIVE** | | | | | **ACTIONS/TASKS REQUIRED TO ACHIEVE OBJECTIVE** | | | | **OUTCOMES, MEASURES, and ASSESSMENT** | | | | |
| **#2** | |  | | | **#1** | |  | | |  | | | |  | | | | |
|  | | **#2** | |  | | |  | | | |  | | | | |
|  | | **#3** | |  | | |  | | | |  | | | | |
| **Goal #2 Annual Update:** (Assess progress made toward goal attainment) | | | | | | | | | | | | | | | | | | |
| *(Type the update for Goal #2 in this box)* | | | | | | | | | | | | | | | | | | |
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|  | | **GOAL** | | | **OBJECTIVE** | | | | | **ACTIONS/TASKS REQUIRED TO ACHIEVE OBJECTIVE** | | | | **OUTCOMES, MEASURES, and ASSESSMENT** | | | | |
| **#3** | |  | | | **#1** | |  | | |  | | | |  | | | | |
|  | | **#2** | |  | | |  | | | |  | | | | |
|  | | **#3** | |  | | |  | | | |  | | | | |
| **Goal #3 Annual Update:** (Assess progress made toward goal attainment) | | | | | | | | | | | | | | | | | | |
| *(Type the update for Goal #3 in this box)* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **3.** | **Resources Required** | | | | | | | | | | | | | | | | | |
| List all significant resources needed to achieve the objectives shown in your action plan, including personnel, training, technology, information, equipment, supplies, and space. Every request for additional resources must support at least one objective.  Also list any resources required to implement planned improvements.  IMPORTANT: A BUDGET ALLOCATION PROPOSAL must be completed and submitted for EACH new resource requested. | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Goal #** | **Objective #** | **Resource Required** | **Estimated Cost** | **BAP Required? Yes or No** | **If No, indicate funding source** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | |
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