## **Instructional Program**

Indicate the type of program:  AA; AS; AA-T; AS-T; Certificate

Program Name: Click or tap here to enter text.

Academic Year: Click or tap here to enter text.

Name of Faculty Submitter(s): Click or tap here to enter text.

Annual Update #1  #2

***\*Note: An Annual Update must be submitted each year that a Program Review is not submitted.***

## **Progress on Program Level Outcomes (PLOs) and Student Learning Outcomes (SLOs) Data**

1. Summarize the progress made on course level outcomes and assessments (SLOs):

Click or tap here to enter text.

1. Please list specific courses or SLOs that were identified for student-centered growth and improvement.   
   *Use the information from Part C of the “Program Learning Outcomes Assessment Data” section of the IPR.*  
   Click or tap here to enter text.
   1. List the actions identified to help grow or improve those areas.

Click or tap here to enter text.

* 1. Discuss the progress the program has made on those actions. Include any data used to support progress.

Click or tap here to enter text.

1. Please list any actions identified to support equitable outcomes.  
   *Use the information from Part D of the “Program Learning Outcomes Assessment Data” section in the IPR.*Click or tap here to enter text.
   1. List the specific student groups the program identified as students they would like to focus their efforts on.  
      Click or tap here to enter text.
   2. Discuss any progress with equitable action within the program and any measures taken to ensure the identified student group(s) would receive appropriate support. Include any data used to support progress.  
      Click or tap here to enter text.
2. Describe any other program, course, and/or instructional changes made by your program as a result of the outcomes assessment process.

Click or tap here to enter text.

1. Reflecting on the responses for B) and C) above, what will you implement for the next assessment cycle?

Click or tap here to enter text.

## **Progress Toward Achieving Program Goals, Objectives, and Outcomes**

*These should be carried forward from your full Program Review (Section III), or from your Annual Update #1, if revised since your full Program Review.*

1. **List the 2-3 goals from your Program Review or most recent update.**

## **GOAL #1**

Click or tap here to enter text.

## **GOAL #2**

Click or tap here to enter text.

## **GOAL #3**

Click or tap here to enter text.

1. **Have any goals been completed or discontinued?***If yes, please list the goal and whether it has been completed or discontinued; if discontinued, please explain why.*

Yes  No

Click or tap here to enter text.

1. **Discuss the objectives and related outcomes for each goal.**

## **GOAL #1 Objective(s) with related Outcome.**

Click or tap here to enter text.

* **Discuss any progress toward meeting the goal based on the goal objectives.**

Click or tap here to enter text.

## **Briefly explain how you have been measuring the goal and any notable indicators of forward progress.**

Click or tap here to enter text.

1. **GOAL #2 Objectives with related Outcome.**

Click or tap here to enter text.

* + **Discuss any progress toward meeting the goal based on the goal objectives.**

Click or tap here to enter text.

## **Briefly explain how you have been measuring the goal and any notable indicators of forward progress.**

Click or tap here to enter text.

1. **GOAL #3 Objectives with related Outcome.**

Click or tap here to enter text.

* + **Discuss any progress toward meeting the goal based on the goal objectives.**

Click or tap here to enter text.

## **Briefly explain how you have been measuring the goal and any notable indicators of forward progress.**

Click or tap here to enter text.

1. **List any resource you are requesting for each goal.**
2. **Goal 1  Goal 2  Goal 3**

## ***Please list the resource and how it relates to the goal.***

Click or tap here to enter text.

1. **Goal 1  Goal 2  Goal 3**

## ***Please list the resource and how it relates to the goal.***

Click or tap here to enter text.

1. **Goal 1  Goal 2  Goal 3**

## ***Please list the resource and how it relates to the goal.***

Click or tap here to enter text.

## **New Goals (optional)**

*This section is optional and should be used to replace a completed or discontinued goal OR if a new goal has become necessary for the program.*

## **NEW GOAL #1**

Click or tap here to enter text.

1. Alignment to BCC Strategic Priority *(Select at least one but choose all that apply)*

Choose an item.

Choose an item.

Choose an item.

Choose an item.

1. Relationship to Guided Pathways

Clarify the Path

Entering the Path

Staying on the Path

Support Learning

1. Please list at least one objective for achieving this goal*.*

Click or tap here to enter text.

1. Please list outcome statements for each objective.

Click or tap here to enter text.

1. Briefly explain how you will measure the outcome*.*

Click or tap here to enter text.

1. Please list resources (if any) that will be needed to achieve the goal/outcome*.*

Click or tap here to enter text.

## **NEW GOAL #1**

Click or tap here to enter text.

1. Alignment to BCC Strategic Priority *(Select at least one but choose all that apply)*

Choose an item.

Choose an item.

Choose an item.

Choose an item.

1. Relationship to Guided Pathways

Clarify the Path

Entering the Path

Staying on the Path

Support Learning

1. Please list at least one objective for achieving this goal*.*

Click or tap here to enter text.

1. Please list outcome statements for each objective.

Click or tap here to enter text.

1. Briefly explain how you will measure the outcome*.*

Click or tap here to enter text.

1. Please list resources (if any) that will be needed to achieve the goal/outcome*.*

Click or tap here to enter text.

## Resource Requests: What does the program need to meet its goals and objectives?

## *What does the program need to meet its goals and objectives?*

*List all resources from Sections II.D and III.6 below.   
If there was no room on the template to list all resources being requested for a single goal/objective, you may list additional resource requests here. Also list any resources required to implement planned improvements.*

**IMPORTANT: A** [**BUDGET ALLOCATION PROPOSAL**](https://www.barstow.edu/sites/default/files/media/document/2021/BAP%20Form%20REV%209-27-2021.docx) must be completed and submitted for **EACH** new resource requested.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal #** | **Objective #** | **Resource Required** | **Estimated Cost** | **BAP Required?**  **Yes or No** | **In No, indicate funding source** |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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