## **Service Area/Administrative Unit**

## Non-Instructional Program Name: Click or tap here to enter text.

## Academic Year: Click or tap here to enter text.

## Name(s) of 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 Goals and Outcomes (SAOs/AUOs)**

1. **List the 2-3 goals and related outcomes for your unit:**

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

## **GOAL #1**

Click or tap here to enter text.

**Expected Service Area Outcome/Administrative Unit Outcome**

Click or tap here to enter text.

1. **GOAL #2**

Click or tap here to enter text.

**Expected Service Area Outcome/Administrative Unit Outcome**

Click or tap here to enter text.

1. **GOAL #3**

Click or tap here to enter text.

**Expected Service Area Outcome/Administrative Unit Outcome**

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 actions/strategies related to each goal and your progress on each of these. If you have not begun an(y) action/strategy please list why.**

## **GOAL #1 Action/Strategies**

Click or tap here to enter text.

## **Discuss any progress on Action/Strategies.**

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.

## **GOAL #2 Action/Strategies**

Click or tap here to enter text.

## **Discuss any progress on Action/Strategies**

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.

## **GOAL #3 Action/Strategies**

Click or tap here to enter text.

## **Discuss any progress on Action/Strategies**

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 resources 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 service area or administrative unit.*

## **NEW GOAL #1**

Click or tap here to enter text.

**Expected Service Area Outcome/Administrative Unit Outcome**

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 actions/strategies for achieving this goal/outcome*.*

Click or tap here to enter text.

1. Briefly explain how you will measure the goal/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 #2**

Click or tap here to enter text.

**Expected Service Area Outcome/Administrative Unit Outcome**

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 actions/strategies for achieving this goal/outcome*.*

Click or tap here to enter text.

1. Briefly explain how you will measure the goal/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 area need to meet its goals and objectives?*

*List all resources from Sections I.D and II.10 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/ Outcome #** | **Resource Required** | **Estimated Cost** | **BAP Required?**  **Yes or No** | **If no, indicate funding source** |
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