## **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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