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|  | | | | | | | |
| **Department:** |  | | | | | |  |
|  | | | | | | | |
| **Academic Year:** |  | **Annual Update # 1** |  | **Annual Update #2** | |  |  |
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| **1.** | **Progress on Program Level Outcomes (PLOs) and Student Learning Outcomes (SLOs)** *(from #3B of full PR)* | | | | | | | |
| **A)** | **List your Program Level Outcomes:** | | | | | | | |
| |  | | --- | |  | | | | | | | | | |
| **B)** | **Summarize the progress you have made on Program Level Outcomes (PLOs):** | | | | | | | |
| |  | | --- | |  | | | | | | | | | |
| **C)** | **Summarize the progress you have made on course level outcomes and assessments (SLOs):** | | | | | | | |
| |  | | --- | |  | | | | | | | | | |
| **D)** | **Describe any program, course, and/or instructional changes made by your program as a result of the outcomes assessment process.** | | | | | | | |
| |  | | --- | |  | | | | | | | | | |
| **E)** | **Reflecting on the responses for B) and C) above, what will you implement for the next assessment cycle?** | | | | | | | |
| |  | | --- | |  | | | | | | | | | |
| **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)* | | | | | |

|  | **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 noted in 3.C.3.  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** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | |
|  |  |  |