**Non-Academic Program Assessment**

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| **Division/Department:** | **Contact Person:**  | **Submission Date:**  |
| **Fiscal Year Reported:**  | **Email address:** | **Phone Number:**  |
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| **Mission:**  |

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| **Summary of Area (general function of area of operation):**  |

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| **Goal 1:**  **Aligned with:** [x]  **Strategic Plan** [ ]  **Academic Initiative** [ ]  **Student Services Initiative** [ ]  **Accreditation Requirements** [ ]  **Core Themes**[ ]  **Recruitment** [ ]  **Retention** [ ]  **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Measure/Indicator used to evaluate goal achievement**(*How will you meet your goal?)* | **Data and Results** *(What data and relevant information is associated with the indicator?)* | **Analysis of Results and Evaluation of Appropriate Actions***(What are your findings; what does the data tell you; what is the value of this information and how do you make meaning of the information?)* | **Action Plan** (*Based on your findings, analysis, and evaluation what plans will you implement?)* | **Implementation Timeline***(What is your target timeframe of completing the action plan?)* |
| **Indicator 1:** |  |  |  |  |
| **Indicator 2:**  |  |  |  |  |
| **Indicator 3:** |  |  |  |  |

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| **Goal 2:**  **Aligned with:** [x]  **Strategic Plan** [ ]  **Academic Initiative** [ ]  **Student Services Initiative** [ ]  **Accreditation Requirements** [ ]  **Core Themes**[ ]  **Recruitment** [ ]  **Retention** [ ]  **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **Indicator 2:**  |  |  |  |  |
| **Indicator 3:** |  |  |  |  |

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| **Goal 3:**  **Aligned with:** [x]  **Strategic Plan** [ ]  **Academic Initiative** [ ]  **Student Services Initiative** [ ]  **Accreditation Requirements** [ ]  **Core Themes**[ ]  **Recruitment** [ ]  **Retention** [ ]  **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **Indicator 2:**  |  |  |  |  |
| **Indicator 3:** |  |  |  |  |

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| **Budgetary Requirements** |
| **Related Goal**  | **Budget Amount Requested or Deleted** **(***Indicate the budge from which the amount is requested)* | **Explanation of anticipated results or impact from use of funding** |
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| **Summary of Findings and Recommendations**  |

**Please use this section to provide a summary of your findings and examples of any other program improvements and enhancements not described above. Include the rationale for the change. Examples might include:**

* Actions you have now implemented in response to plans you described in your last assessment report (under “Action Plan”).
* Improvements in response to recommendations or new requirements from accreditors, professional standards, or other quality review processes, etc.
* Progress on long-term improvement projects not included above (e.g., development of new services, development of strategic plans, etc.)
* Actions taken to contain costs.

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Signature and date:

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Director/Dean/Coordinator Assessment Coordinator SLT Rep/Supervisor