II. PAST PROGRAM GOALS

EVALUATION OF OBJECTIVES FROM PREVIOUS PROGRAM REVIEW CYCLE

SPOL Planning Module:

- Provide an assessment (status update) of each objective and task in year 2016-2017.
- Ensure each objective is labeled as “completed,” “closed,” or “partially completed-will complete next year,” for the 2016-17 year’.
- Assessment should address any impact on student achievement or program improvement
- Attach any supportive documentation, reports, presentation and URL links in SPOL.

A. PRESENT DATA ANALYSIS AND PROGRAM HEALTH – ACCREDITATION

1. Use data pertinent to your program/department. Include qualitative and quantitative data. Use survey-evaluation results and other relevant data to assess program/department effectiveness. Evaluate the strengths, weaknesses, challenges and opportunities, providing thorough interpretation of data. Narrative only. Attach electronic excel file with graphs or trend data, do not include them in the narrative below.

    a. Strengths
    Discuss what you do well in your program/department.

    b. Weaknesses

FUTURE Program Objectives

Please make sure you have “SMART”

2018-19 PROGRAM OBJECTIVE(S)	INSTITUTIONAL GOAL (Select 1 primary goal)
	☐ 1 Mission & Effectiveness (primary?) ☐ 1.1 ☐ 1.3 ☐ 1.2 ☐ 1.4 ☐ 2 Student Learning Outcomes (primary?) ☐ 2.1 ☐ 2.4 ☐ 2.2 ☐ 2.5 ☐ 2.3 ☐ 2.6 ☐ 3 Resources (primary?) ☐ 3.1 ☐ 3.4 ☐ 3.2 ☐ 3.5 ☐ 3.3 ☐ 4 Leadership & Governance (primary?) ☐ 4.1 ☐ 4.4 ☐ 4.2 ☐ 4.5 ☐ 4.3
Objective Description:	
Task(s) one or more tasks to complete this objective/goal	
A.	
Timeline/Target Date for Completion:	
B.	
Timeline/Target Date for Completion:	
C.	
Timeline/Target Date for Completion:	
How will this objective be measured?	
How will the completion of tasks identified improve student/program success?	
Who are the responsible parties and assigned user(s)?	
Please fill the section below only if your tasks require a budget enhancement request - if you have more than one task requiring a resource request, please copy and paste the sections below.	