

## Program Review – Annual Update/Action Plan 2011-2012

**Date:**

**Program:**

**Prepared by:**

1. List in order of priority.
2. Select one of the abbreviations that best describes the status of each action plan item described in your most recent program review: “C” means completed; “IP”, in progress; “D”, deleted; “A”, added; “NM”, no money.
3. For those items that are specifically described in your department’s Program Reflections on Student Learning forms, check the box under PRSL (Program Reflections on Student Learning).
4. For those items that address one or more of the institutional goals, check the box under Goals.
5. Please check if item is One Time (OT) or Ongoing (OG).
6. Please provide rationale for additions and deletions, referring to the Program Reflections on Student Learning form as appropriate.
7. Attach the most recent Program Reflections on Student Learning from each department or area.

**Budget-Dependent Items**

Status (C,IP,D,A, NM))	Action Item	Supports		Timeline	Person(s) Assigned	OT or OG?	Amount
		Goals	PRSL				

**Rationale for Additions or Deletions (refer to your Program Reflections form as appropriate):**

**Non Budget-Dependent Items**

Status (C,IP,D,A)	Action Item	Supports		Timeline	Person(s) Assigned
		Goals	PRSL		

**Rationale for Additions or Deletions (refer to your Program Reflections form as appropriate):**

**Faculty and Staff Positions**

Status (C,IP,D,A)	Position	Supports	
		Goals	PRSL

**Rationale for Additions or Deletions (refer to your Program Reflections form as appropriate):**