**Reedley College Program Review Goal Annual Progress Report**

**Program : Year: Contact:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal**  (as appropriate, identify the campus where the goal applies) | **Proposed Timeline** | **Activities/Facilities/ Curriculum/Equipment Necessary to Accomplish Recommendation\*** | **Resources Needed, Include Estimate Costs** | **Status** | **Outcome** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Provide any additional changes made to the program that were not a part of your program review report.
2. List in detail any new program needs and a brief rational for this need.
3. Summarize the progress your program has made this year on SLO assessment.
4. Provide any additional information that your program would like to share.

**Strategic Plan Annual Report**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Annual Report Program/Department Name: Year:** | | | | |
| **Strategic Objective** | | | | |
| SPECIFIC  Activities/Projects  Completed in this year | MEASURABLE  Success Measures | ACTION  How was this project implemented? | RESULT  FOCUSED  (check box only) | TIMELINE |
|  |  |  |  |  |
| **Annual Report Program/Department Name: Year:** | | | | |
| **Strategic Objective** | | | | |
| SPECIFIC  Activities/Projects  Completed in this year | MEASURABLE  Success Measures | ACTION  How was this project implemented? | RESULT  FOCUSED  (check box only) | TIMELINE |
|  |  |  |  |  |
| **Annual Report Program/Department Name: Year:** | | | | |
| **Strategic Objective** | | | | |
| SPECIFIC  Activities/Projects  Completed in this year | MEASURABLE  Success Measures | ACTION  How was this project implemented? | RESULT  FOCUSED  (check box only) | TIMELINE |
|  |  |  |  |  |