

**APR Goal and Outcome—2017-2018**

For descriptions and examples of all APR Goal and Outcome items, please refer to the APR How To Guide—2017-2018

**Section I: APR Goal Overview**

**IA1. Program (Select your program from the drop down list)**

**IA2. Other Program (If not on above list)**

**IB. Program Lead (Your first and last name)**

**IC. APR Goal Short Title:**

**ID. APR Goal Status:**

- Continuing from Last Year
- New This Year
- Fast Track

**IE. Institutional Plan(s) Addressed**

Which Institutional Plan(s) does your goal address? Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Educational Master Plan  | <input type="checkbox"/> Student Success Plan              |
| <input type="checkbox"/> Strategic Action Plan    | <input type="checkbox"/> Human Resources Plan              |
| <input type="checkbox"/> Facilities Master Plan   | <input type="checkbox"/> Equal Employment Opportunity Plan |
| <input type="checkbox"/> Basic Skills Action Plan | <input type="checkbox"/> Other                             |
| <input type="checkbox"/> Student Equity Plan      |  |

If "Other" Please indicate which plan(s).

**IF. Institutional Plan Goal(s) Addressed**

**IG. Measureable Objectives(s)**

**Section II: APR Goal Measures, Anticipated Outcomes, and Activities****IIA. APR Goal Measure**

Indicate the type of outcome measure you will use to measure this 2017-2018 annual program review goal:

- |  |  |
|--|--|
| <input type="checkbox"/> Course Student Learning Outcome (SLO)         | <input type="checkbox"/> Student Achievement Outcome (SAO)                     |
| <input type="checkbox"/> Program Student Learning Outcome (PSLO)       | <input type="checkbox"/> Program Effectiveness Measures (PEM)                  |
| <input type="checkbox"/> Institutional Student Learning Outcome (ISLO) | <input type="checkbox"/> Other outcome measure type (Describe in IVE Comments) |

**IIB. APR Goal Anticipated Outcome** (Rubric Criteria 1, 2, 4, 5)

Please briefly describe what outcome you expect to achieve with this particular goal in terms of its impact on student learning, student success, student achievement or the “Goal Measure” you indicated in IIA. Be sure to include a discussion of the evidence used to support your assertion, and the “benchmark” value of the goal outcome.

**IIC. APR Goal Activities** (Rubric Criterion 5)

Please briefly describe the activities you intend to implement to achieve this particular goal. Include a timeline of the activities and assessment/evaluation of outcomes.

**Section III: APR Goal and Resource Request**

**IIIA. Required Resources Category:**

Please indicate the types of resources required to implement the activities for this APR goal.

- |  |   |
|--|---|
| <input type="checkbox"/> Personnel: Faculty    | <input type="checkbox"/> Professional Development         |
| <input type="checkbox"/> Personnel: Classified | <input type="checkbox"/> Facilities                       |
| <input type="checkbox"/> Personnel: Other      | <input type="checkbox"/> Equipment or Supplies            |
| <input type="checkbox"/> Technology            | <input type="checkbox"/> Other (Describe in IVE Comments) |

**IIIB. Required Resources Description**

Please describe any resources you will need to implement the activities associated with this goal. Requested resources should follow from the narrative in IIC above.

**IIIC. One Time Start Up Costs:**

**IIID. Annual Costs:**

**IIIE. Total 5 Year Costs:**

**IIIF. Proposed Funding Source(s):**

**Section IV: APR Goal Additional Information**

**IVA. Desired Start Date:**

**IVB. Expected Completion Date:**

**IVC. Is Project Ongoing with No Expected Completion Date?**

- Yes
- No

**IVD1. Will Other Divisions or College Areas be Impacted?**

- Yes
- No

**IVD2. If Yes, then Describe how Other Divisions or College Areas Would be Impacted:**

**IVE. Comments:**

**IVF. Prioritization by Program Lead:**