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| --- | --- |
| **Semester/Year:(Click on Semester/Year?)** | Year? |
| **Program: (Click on Program?)** | Program? |
| **Faculty and staff members in attendance at meeting:** |  |
| **\*Program-level SUO assessed:** |  |
| **\*PERFORMANCE INDICATORS:**  **What achievement level has been agreed upon?** (i.e. \_\_\_% or higher will correctly complete their applications OR \_\_\_\_% will rate the workshop satisfactory or better, etc.) | \_\_\_% or higher will: \_\_\_\_\_ |
| **Assessment Tool(s) Used:** (describe briefly) |  |
| **PERFORMANCE ASSESSMENT:**  **Did you meet the performance indictor~~s~~ identified above?** |  |
| **FINDINGS:**  **Explain the performance assessment results using the data collected and assessed.** |  |
| **Actions that will be taken to increase student learning, program effectiveness, or service satisfaction for this SUO in future semesters:** (check all that apply – these are intended to be examples, and they may or may not be appropriate for your area. Space is provided for additional actions.) |  |
| **PROGRAM INITIATIVES:**  **From the list of possible actions above, list your highest priorities below and give them a title.** (i.e. Revise the online orientation or expand outreach to high schools, etc.) **The program faculty and/or staff will determine the number of initiatives. Please place them in priority order.** | |
| **INITIATIVE #1 TITLE:** |  |
| **What steps will be taken:** |  |
| **What is your timeline:** | Year? |
| **What resources does your initiative**  **require? (i.e. equipment, space,**  **training, personnel, budget, etc.)** |  |
| **INITIATIVE #2 TITLE:** |  |
| **What steps will be taken:** |  |
| **What is your timeline:** | Year? |
| **What resources does your initiative**  **require? (i.e. equipment, space,**  **training, personnel, budget, etc.)** |  |
| **If significant changes are made to address the service unit outcome, it is recommended that the outcome be revisited soon rather than as part of a regular cycle. This service unit outcome will be revisited:** | Year? |
| **CLOSING THE LOOP: (For Fall 2011 & beyond)**  **What is the status of the prior semester’s initiatives?** |  |

Other comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Submitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_